GUARDIANSHIP SERVICES
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PROCEDURES 327 GUARDIANSHIP SERVICES

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Section 327.1 Purpose and Introduction

A *"designee"* must be registered with the Secretary of State in order to officially act in place of the Guardianship Administrator. Regional Administrators shall determine the number of designees needed in each Region and recommend the names of specific employees to be registered. The Regional Administrator may limit the type of consent which may be given by individual designees. Throughout these procedures, the officially registered designees will be referred to as "authorized agents."

The designees or "authorized agents" mentioned above will ordinarily perform their guardianship duties during the normal working hours of 8:30 a.m. to 5:00 p.m., Monday through Friday. Because the need for obtaining medical consents may arise outside of normal working hours, provisions have been made for coverage after hours, on weekends and on holidays.

Those provisions are:

Cook County: Hospitals in Cook County will be directed to call 312-880-6800. Such calls will be handled by the supervisor on duty at the Emergency Service Center.

Downstate: Hospitals outside of Cook County will be directed to call 217-782-6533. The supervisor on duty at the State Central Register will handle such calls.

More detailed instructions on how to handle after hours medical consents are contained in Section 327.5 of these procedures.

The Guardianship Administrator is designated as the person to be named guardian of the person of children who are placed in the care of the Department through court order pursuant to proceedings brought under the Juvenile Court Act of 1987. The Guardianship Administrator is also the sole person in the Department whose name/position may be used to accept a child from a parent or parents through an instrument of surrender for adoption. The Guardianship Administrator is also the designated person in the Department who acts as "legal custodian" for children accepted for care under a voluntary placement agreement and is the acting custodian for children in protective custody.

Section 327.2 Definitions

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Section 327.3 Acceptance of Children

The procedures contained in this section describe the methods by which the Department assumes legal responsibility for children and how the Guardianship Administrator is to be informed when children are accepted for care. Children are accepted for care through court-ordered custody or guardianship, through adoptive surrender signed by the parent(s), through voluntary placement agreements and through temporary protective custody.

a) Juvenile Court Orders

Under provisions of the Juvenile Court Act of 1987, circuit courts have the authority to commit dependent or neglected children under age 18 and delinquent children under age 13, and the Department is responsible for accepting and providing appropriate care and treatment for these children. It is the Department's discretion to accept a delinquent or minor in need of supervision beyond age 13. However, the Department is obligated to accept minors in need of supervision who have violated a court order.

The juvenile court continues to have jurisdiction and authority for those children it commits to the Department, and each Department office, as agent for the Guardianship Administrator, shall be familiar with the local court requirements regarding notification to the court of planning for the child.

The Department may initiate court action on behalf of a child when there is evidence of immediate danger or inadequate or harmful parental care as defined in the Juvenile Court Act of 1987.

The Department may also initiate court action for the following reasons:

1) Voluntary Termination of Parental Rights

Termination of parental rights with the right to consent to adoption should be sought when:

- there is reasonable doubt that the parent seeking to relinquish the child by adoptive surrender has the sole right and authority to do so by signing the **CFS 435, Final and Irrevocable Surrender to an Agency for the Purpose of Adoption of a Born Child** (i.e., mother legally married at the time of conception, claiming that her husband is not the father of the child); or

- there is doubt that an adoptive resource will be secured within three months for a child whose permanency goal is adoption; or

. an unmarried mother is under guardianship of a court or the Department as a delinquent, dependent or neglect minor, or a minor in need of supervision and wants to relinquish her child (to avoid the possibility of duress or fraud).

2) Involuntary Termination of Parental Rights

Termination of parental rights with the right to consent to adoption should be sought when parent(s) or guardian of children placed by a voluntary placement agreement (**CFS-444**) or with a dependency order or neglect adjudication are unwilling or unable to meet the minimum standards of parenting and there is evidence that the family home will not be a suitable one for the child(ren) in the foreseeable future.

3) Amended Order Terminating Parental Rights

When adoption is the permanency goal for a child for whom the Department has court ordered guardianship without the right to consent to adoption, court proceedings shall be initiated seeking to terminate parental rights with the right to consent to adoption when:

. the parents have indicated the willingness to give consent in the interests of their child(ren); or

. the Department office has evidence in accordance with Rule 305.110 that parental rights should be terminated.

Notifying the Guardianship Administrator

When children are placed in the care of the Department via juvenile court proceedings, a certified copy of each court order committing the child to the Department, or modifying or supplementing previous orders, should be secured from the clerk of the court as soon as possible. One copy of the certified court order including attachment of the Department identification number assigned to the child, shall immediately be sent to the appropriate authorized agent of the Guardianship Administrator for filing. Pending receipt of the court order from the clerk of the court, the field office must, by memorandum or special form developed for the purpose, advise the agent of the court order, including docket number, date of entry, county, child's name and birth date, and any special conditions included in the order, as well as the child's assigned Department identification number.

b) Adoptive Surrenders

1) Obtaining Relinquishments of Children Whose Permanency Plan is Adoption

A. Married or Unmarried Parents Who Mutually Wish to Surrender Their Child to the Department for Purposes of Adoption

A determination must be made that placement of the child in adoption is the firm wish of the mother and father and is in the best interest of the child. In the case of unmarried parents, the mother must be use that the man she names is the father, the father must acknowledge paternity, and the worker must believe that this is the father. The criteria for accepting a surrender as stated below in this section shall be observed, except that, if appropriate, the father may sign a surrender (**CFS 435-2**) prior to the birth of the child. The surrender of an unborn child can be revoked at any time before the birth of the child and for 72 hours after the birth of the child. No surrender of a born child, either from the mother or the father, can be signed until 72 hours after the birth of the child.

If the surrender is being taken after the birth, each parent shall sign, in duplicate, a separate **CFS 435, Final and Irrevocable Surrender to an Agency for Purposes of Adoption of a Born Child**, no sooner than 72 hours after the birth of the child.

If the surrender is being taken from the father before the birth of the child, he shall sign a duplicate **CFS 435-2, Surrender to an Agency for Purposes of Adoption of an Unborn Child**, which may be revoked within 72 hours after the birth of the child. The mother shall sign a CFS 435 no sooner than 72 hours after the birth of the child.

If the legal father (spouse) is not the biological father, his surrender, in addition to the surrender of the natural father, is necessary to completely free the child for adoption.

B. Unmarried Mother Who Wishes to Surrender Her Child, but the Putative Father Is Unwilling to Become Involved in Counseling or Will Not Acknowledge Paternity or Interest

Every effort must be made to include the putative father in the counseling service and his rights must be explained to him. In such cases consultation should be requested from legal staff. It is necessary to inform the father of his rights and to enlist his cooperation if only for

a denial. When the father is not willing to be so involved, or hesitates to acknowledge paternity, and it is the mother's firm wish to surrender her child, the following procedure may be initiated:

. Any social worker, lawyer, or adoption agency may request the clerk of the court to send the putative father notice that he has been named as the father of a born or unborn child (Ch. 4, paragraph 9.1 -- 12a, Section 12a...Adoption Act). Form **CFS 437-1, Request for Notice to Putative Father**, may be presented to the Clerk of the Court by the DCFS worker accompanied by the **CFS 437-2, Affidavit of Mother to Support Notice to Putative Father**, signed by the mother. (NOTE: Always check to ascertain if Department forms conform to local practice. DCFS forms may be modified with consent of the legal staff to conform to local practice).

. Form **CFS 437-3, Notice to Putative Father/Declaration of Paternity or Disclaimer Thereof**, may be used by the clerk to serve notice on the putative father.

The notice may be served by the sheriff or by certified mail. Whenever possible, it is best to have the service by sheriff; however, in cases of a cooperating father or where the service is to be made out of state or county, service by mail may be appropriate. Prepare five copies of the forms to insure sufficient numbers. If service of process by sheriff is used, sheriff must indicate that service has been made (Proof of Service) and this must be filed with the clerk. If mailing is used, make sure return receipt is put in the clerk's file. Prepare a stamped envelope addressed to the clerk to attach to the notice sent to the putative father.

A $ 10.00 filing fee and $ 1.50 mailing fee is provided for in the Adoption Act. No fee is charged in the Juvenile Court Act. The intent of this legislation was to allow DCFS to proceed without fee. If fees are charged, contact the legal staff to resolve the problem.

The notice to the father provides him with the following four options:

- notify the clerk that he is the father of the child and intends to retain legal rights to the child, and he will receive notice of any hearings; or

- request notification of any further proceedings with respect to custody or adoption of the child but does not acknowledge

paternity; or

- file a disclaimer of paternity which will be noted in the Clerk's file and no further notice will be sent to the disclaiming father; or

- make no response.

If the father responds to the notice and asks to be notified of action on behalf of the child, there must be a court hearing to terminate the father's rights. In such cases a child should not be placed in adoption until the father's rights are terminated. These cases are to be brought to attention of the legal staff immediately for consultation.

C. Unmarried Mother Wishes to Surrender Child, but Putative Father Is Unknown or His Whereabouts Is Unknown

The mother shall sign in duplicate, a **CFS 435, Final and Irrevocable Surrender to an Agency for the Purpose of Adoption of a Born Child**, not less than 72 hours after the birth of the child.

A determination must be made as to when the father's rights should be terminated. If the worker is sure that the father is not interested in the child and will not appear to claim his rights, the child can be placed for adoption with the understanding of the adoptive parents and their attorney that publication for the father must be made as part of the adoption proceedings and they must be knowledgeable about the risk that he may appear in court. If there is reason to believe the father has interest in the child and will request his rights, the Department shall petition the Juvenile Court to terminate the rights of the father in a Juvenile Court Action. The termination can be based on the father's failure to demonstrate a reasonable degree of interest, concern, or responsibility as to the welfare of a new born child during the first 30 days after his birth.

In order to determine which procedure for termination of parental rights should be followed, a thorough and diligent search for the father must have been made. The decision on which procedure to be followed should be made in consultation with the DCFS legal staff.

D. Unmarried Mother Wishes to Surrender Child, but Putative Father Admits Paternity but Will Not Sign a Surrender and Shows No Interest in the Child.

The mother shall sign, in duplicate, a **CFS 435, Final and Irrevocable Surrender to an Agency for the Purpose of Adoption of a Born Child**. Court action must be taken to terminate the father's rights on the basis of unfitness. His failure to demonstrate a reasonable degree of interest, concern, or responsibility as to the welfare of a new born child during the first 30 days after his birth is the most likely grounds for unfitness. (Consultation of DCFS legal staff shall be obtained.)

2) Authority to Accept a Surrender

Authority to accept a child by a surrender is limited to the following provisions:

. the Department worker has verified, or the natural parent has attested before a Notary Public, that he or she is the legal parent and has the legal right to relinquish the child, or the worker has verified the marriage of parents who wish to relinquish their child for adoption;

. the parent(s) is mentally competent;

. the surrender is for the purpose of adoptive placement and such placement can reasonably be anticipated within three months;

. no surrender (from either mother or father) shall be taken within the 72 hour period immediately following the birth of the child; or

. a surrender may be taken from the father prior to the birth of the child.

In such instances the father should be notified immediately, by certified mail, of the birth of the child and of his rights to revoke the surrender. The father may revoke such a surrender within 72 hours after the birth of the child by notifying, in writing, the worker or DCFS office who took the surrender of his revocation of the surrender.

In cases where a child is not under DCFS guardianship by order of any court an authorized DCFS staff member may take a surrender:

. when both parents are available and willing to sign. In situations where there is both a legal father (spouse) and a putative (biological) father all three parties must be available and willing to sign.

. when the identity or the whereabouts of a parent is unknown, a surrender may be taken from the available parent and provision made to follow procedures for publication for the unavailable parent. Note,

however, that when there is a possibility that the child may be placed out of state, the other state may require that a child must be completely free for adoption prior to placement in an adoptive home in that State. Therefore, a surrender from only one parent may not be sufficient in order to place the child in another state. The child may not be able to be placed in that state until both parents' rights are terminated by surrender or court action.

In cases where a child is under DCFS guardianship through order of any court, a surrender may be taken only if permission to do so is received by the court. Procedures may vary from county to county and DCFS legal staff should be contacted as to the procedures to follow in each county.

3) Refusal to Take a Surrender

Surrenders shall not be taken in the following situations:

. all cases where a parent's whereabouts are known but he/she is uncooperative by refusing to answer letters, phone calls, etc.;

. all cases where the parent(s) are by reason of age, mental or emotional capacity, etc., presumed to be unable to give a valid consent to the relinquishment of his/her child.

. all cases where parents disagree as to whether relinquishment for adoptive placement is the best plan for their child;

. all cases where the parent(s) vacillates regarding whether or not to sign;

. all cases where coercion or lack of understanding is indicated on the **CFS 424, Parental Affidavit**.

In situations as cited above, a court hearing should be requested to enable the Court to determine the parent's capacity or to accept the surrender from the consenting parent. Additionally, when adoptive placement cannot be reasonably anticipated within three months a surrender(s) shall not be taken. Court action to receive a surrender or to terminate parental rights is a necessity in such a situation.

4) Additional Requirements to Execute Adoptive Surrenders

When an adoptive surrender is to be taken the following is applicable:

. The parents should be given a copy of the surrender to read prior to signing. When any doubt exists regarding the parent's ability to read, the form must be read to him/her. When a parent speaks a foreign language or is hearing impaired, an interpreter must be present.

. After the surrender form has been read and prior to signing it, the questions contained on form **CFS 424** must be asked of the parent. When response to the questions raise doubts regarding the parent's understanding of, and/or free execution of a surrender, a surrender shall not be taken.

. When the gravity of signing is clearly understood, the parent(s) and all witnesses should sign the required copies of the surrender and **CFS 424** and the documents are to be notarized.

. In many counties the Court requires that surrenders be taken in front of the judge (as witness). However, this is not to be considered a court action or hearing.

Notifying the Guardianship Administrator

A signed copy of form **CFS 435, Final and Irrevocable Surrender to an Agency for the Purpose of Adoption of a Born Child**, and form **CFS 435-2, Surrender to an Agency for the Purpose of Adoption of an Unborn Child**, shall be sent within 7 days of execution to the appropriate authorized agent. The Department identification number assigned to the child must be included. A signed copy of form **CFS 424, Parental Affidavit,** shall also be sent to the authorized agent (unless the surrender is executed before a judge).

c) Voluntary Placement Agreements (Parents' Request and Consent for Temporary Custody)

A child may be accepted for care if the parents sign jointly, the parent signs who has (verified) legal custody of the child, or the legal guardian or custodian sign form **CFS 444, Voluntary Placement Agreement**. A voluntary placement agreement (**CFS 444**) shall be entered into only with prior written approval of the Regional Administrator or designee (CPS administrator or supervisor of field services) for a maximum of 60 days. A renewal for an additional 60 day maximum may be entered into only with the non-delegable prior written approval of the Regional Administrator.

Determining factors to be considered prior to the signing of Form **CFS 444** are:

. the parent(s), guardian, or custodian is capable and willing to participate in the

placement decision and willing to work with the Department to achieve the permanency goal of returning home;

. the parent(s), guardian or custodian is willing to carry out the parental role in accordance with agreement entered into, including payment of monetary charge for care and training in such amount as determined by the Department in accordance with Rules and Procedures 352.

The parent(s), guardian, or custodian may request return of his child(ren) prior to expiration of the agreement by submitting form **CFS 444-1, Request for Termination of Temporary Custody**. Should the return of the child be sought prior to the Department's readiness to do so, the Department must, within l0 days following receipt of the request, return the child or petition in the proper court under the Juvenile Court Act requesting guardianship of the child. Pending the disposition of the petition, the child(ren) will remain under the temporary custody of the Department.

Should the parent(s), guardian, or custodian not comply with the terms of the voluntary agreement, the home is suitable, and the emergency has passed, the Department may discharge the child(ren) within 10 days of written notice. The parent(s), guardian or custodian shall be informed of the date, time, and place for returning the child(ren). If the parent(s), guardian, or custodian refuse to accept the return of custody, appropriate action shall be initiated under the Juvenile Court Act.

Notifying the Guardianship Administrator

When a voluntary placement agreement is taken on a child, the field office shall, within 7 days, forward to the authorized agent, a legible copy of each initial and renewal signed form **CFS 444, Voluntary Placement Agreement**. A copy of form **CFS 444-1, Request of Temporary Custody**, when applicable, must also be forwarded to the authorized agent.

If children are returned home by plan or by any other way which is not the result of a **CFS 444-1**, a memorandum or Notice of the fact that the child is no longer in custody, including the date custody terminated, must be sent to the authorized agent.

d) Temporary Protective Custody

Child Protective staff make decisions concerning taking temporary protective custody of a child who has been reported to SCR/CPS as alleged to be abused or neglected using the factors specified in Rules and Procedures 300.120, Temporary Protective Custody is taken by designated investigative staff or staff serving after hours as DCP investigative staff. A minor taken into temporary protective custody must be brought before a judicial officer for a shelter care hearing within 48 hours, unless the custody

has been terminated earlier, in accordance with the Juvenile Court Act of 1987.

During the initial period of custody prior to the commencement of court proceedings, or prior to returning the child home, the authorized agents of the Guardianship Administrator have the authority to consent to ordinary medical treatment; if such treatment is necessary.

After court proceedings have been initiated, the appropriate authorized agent is to be notified in the manner prescribed above under Section a, Juvenile Court Orders.

Section 327.4 Duties of the Guardianship Administrator

The responsibilities and duties of a guardian of the person of a minor are specified in the Juvenile Court Act of 1987. In varying degrees a guardian is an agent of, and accountable to, the court of jurisdiction, and the guardian may be cited in court and required to make a full report on his actions on behalf of the ward at any time. He is also required by statute to file annual reports with the court and the court may require additional reports. Unless terminated earlier by court order, or the ward's legal adoption, marriage, or death, the guardian's responsibilities and relationship to the ward continue until the ward reaches age 21.

Consents

The first major area of guardianship duties described in the following procedures is "consents". Consent to adoption and consents involving important decisions that must be made for children under the care of the Department. The necessity of obtaining guardian consents is limited to children under the age of 18 years, except for those matters in which children under 18 are by law able to execute their own consents. Children age 18 and over in almost every instance are considered mature relative to consenting or acting for themselves.

Region/field staff are expected to prepare necessary consent forms and other documentation for the guardian's approval and signature together with a summary of the information needed by the guardian in reaching a decision concerning the consent or approval request. Individual case files maintained in field office shall be made available to the Guardianship Administrator or authorized agents and other Department staff at any time.

The task of exercising the authority to give consents to important matters affecting the life of a child is first and foremost a task of decision making. The authorized agents who have the authority to grant consents also have the authority to deny consents. The child's worker plays an important role in this decision making process in that it is the workers recommendation and rationale on which the agent must primarily rely when reaching a decision.

a) Consent to Adoption

Only the Guardianship Administrator or authorized agent may sign forms concerning entry of appearance and consent to adoption of Department wards. However, summons and petitions related to the adoption proceedings of any child under the guardianship of the Guardianship Administrator, regardless of whether the Guardianship Administrator has the power to consent to the adoption, shall be served on the Adoption Coordinator of the Region serving the child. When the Regional Adoption Administrator cannot be served, the Regional Administrator or designee shall be served. The following is a brief description of the procedures for obtaining the necessary consents to adoption.

1. The Interim Hearing

This court proceeding is usually conducted within 30 days after the placement of the child in the adoptive family's home. The interim hearing grants legal custody to the adoptive family. At the hearing the attorney for the adoptive family will file a petition for adoption. The child's caseworker is to supply the attorney with the initial information needed, such as: child's birth name, birth date, birth place, natural mother's name, natural father's name, how the Department received custody of the child, i.e., surrender or court order (the attorney is to be supplied a copy of the surrender or court order).

2. Entry of Appearance

At the interim hearing the Department must submit an "Entry of Appearance" signed by the Guardianship Administrator. Therefore, prior to the scheduled date of the interim hearing, the child's worker is to complete an original and sufficient copies for distribution of Form **CFS 436-2, Entry of Appearance**. When completing the form, the term "Final Decree of Adoptions" is to be crossed out. The forms are then to be forwarded to the authorized agent for signature with a memorandum containing the following information: date of placement, race of child and family, whether the placement is the child's current foster home or a new adoptive placement. If the child's birth date is not contained on the **CFS 436-2**, it should also be included in the memorandum.

The authorized agent will sign the original of Form **CFS 436-2** and the sufficient copies for distribution, returning the original and one copy to the worker. The worker shall then forward the original to the attorney for the adoptive family and file the copy in the case file.

3. Report Prior to Final Hearing

Prior to the final hearing, the child's worker is required to submit to the court a final Investigatory Report that includes comprehensive information about the child, the biological parents, the adoptive family and the worker's recommendations regarding the adoption. (750 ILCS 50/6)

DCFS and POS workers are required to use the **CFS 411, Investigatory Report for Adoption,** to complete this report. The only exception to the use of this form is when the court (in a specific county) has different reporting requirements which conflict with the use of this form.

Other requirements for the worker's report to the court are;

- The Department will not approve investigatory reports that do not include all of the information on the **CFS 411, Investigatory Report for Adoption**, including in counties that require the report to be in a different format.

- If the adoptive parents have applied for adoption assistance, the **CFS 411, Investigatory Report for Adoption,** must also be submitted to the DCFS Adoption Supervisor/Coordinator for review **prior** to the approval of the subsidy.

- The Investigatory Report for Adoption is an enduring court report that becomes a part of the permanent court file. Workers and their supervisors are expected to submit documents that are grammatically correct, properly punctuated and that do not contain misspelled names or words.

4. Final Hearing

At the final hearing, the Department must once again submit an entry of appearance form, as well as the consent of the guardian to the adoption. Therefore, at least two weeks prior to the scheduled date for the final hearing, the worker shall complete the original and sufficient copies of Forms **CFS 436-2, Entry of Appearance**, and the original and copies of either:

. Form **CFS 436-A, Consent by an Agency to the Adoption of a Minor Child**, when the Department has consent rights by means of parental surrenders.

. Form **CFS 436-1A, Consent by an Agency to the Adoption of a Minor Child**, when the Department has consent rights by means of a court order.

Special Circumstances

1. Cook County

In Cook County the forms, Consent by an Agency to the Adoption of a Minor Child, which downstate are signed by the authorized agents prior to the final decree, are signed and submitted at the interim hearing. There is no need, then, to complete these forms again prior to the final decree. If other counties request this procedure, they should be discouraged.

2. Guardianship without Consent Rights

Occasionally adoption proceedings will be initiated for a child for whom the Department has guardianship but does not have the right to consent to adoption. In these instances the Department, while it does not have the right to consent, will file an entry of appearance and register its approval to the proceedings. When such occasions arise, the child's worker shall inform the authorized agent. A special form will be supplied in these situations. The form used in current practice is entitled "Consent to Filing A Petition to Adopt and Entry of Appearance". The same procedures as to completion and routing are to be followed as described for the entry of appearance and consent forms in situations where the Department does have the right to consent.

3. Adoption of Older Children

The period of time between the interim hearing and final decree may often exceed the usual six-month period. It is the Department's practice to supervise adoptive placements of older children for one year from the time of placements. It should be noted, further, that children 14 years of age or older must also give their consent to the adoption in addition to the consent of the guardian.

4. Waiver of Six Month Period

If a child has been in placement with a foster family for more than one year and is being adopted by that family, the attorney for the family can request a waiver of the six-month period between the interim and final decree. In these instances the worker shall send all information and necessary forms to the authorized agent at the outset of the proceedings.

5. Out of State Adoptions

If a child for whom the Department has legal responsibility is being adopted in another state, the worker is to complete the same Department forms for the entry of appearance and consent. However, wherever appropriate, the worker shall “white-out” the “State of Illinois” and enter the name of the state where the adoption is taking place. If the attorney in the other state is using that state's forms, the forms shall be reviewed for their conformity in basic content to the forms used in Illinois. If there is doubt as to whether the forms are acceptable, Department legal staff shall be consulted.

Notifying the Guardianship Administrator Following Completion of the Adoption

The worker shall promptly notify the appropriate authorized agent of the date when the legal adoption of a ward is completed. Where possible, a copy of the adoption decree should be provided, but if such copy is not available, the court and case number of the adoption proceeding should be identified. If the adoption was based only upon the authority of surrender(s) the case may be immediately closed by the region/field office.

If the adoption was based upon the authority contained in a court ordered decree, the worker shall send form **CFS 440 A, Request or Guardian's Petition for Release of Guardianship**, to the authorized agent. The agent will then complete form **CFS 440, Petition for Discharge From Guardianship, and CFS 440-1 Order of Discharge,** and forward these forms to the Juvenile court or to the worker for presentation to the court. When the worker receives a copy of the Order of Discharge signed by the judge, the case can then be closed.

In cases in which the Department holds guardianship but not court-ordered adoptive rights, the court of jurisdiction must agree to the filing of an adoptive petition. When the adoption is completed, the procedures for terminating guardianship, as described above, are to be followed.

b) Consent for Mental Health Services

Mental Health services may be provided to children and youth for whom the Department is legally responsible by agencies who have specifically contracted with the Department of Children and Family Services or the Department of Mental Health and Developmental Disabilities. These agencies are certified in accordance with 59 Ill Adm. Code 132, (Medicaid Community Mental Health Services Program).

Medicaid Community Mental Health (MCMH) services which are provided by these agencies and require the consent of the Guardianship Administrator or the Authorized Agent include, *but are not limited to* the following:

. Pre-hospitalization screening
. Rehabilitative or Mental Health Assessment
. Individual Treatment Plan (ITP) development
. Psychiatric Evaluation
. Psychological testing
. Treatment with psychotropic medication

A separate, informed consent by the Guardianship Administrator or the Authorized Agent is required before any of these services can be provided to a Department child/youth under age 18. However, a signed consent is not required prior to a screening in response to a referral to a Screening, Assessment and Supportive Services (SASS) agency which is limited to an interview with the child and/or a caretaker to obtain information to determine whether:

- the referred child is a client as defined in the SASS program plan.
- the behavior and emotional status if the child is such that the child is a threat to him/herself or others,
- the caretaker is incapable of effectively responding to the child's behavioral or emotional condition without assistance,
- the referred child has been hospitalized for psychiatric problems or presented to a hospital for psychiatric admission at the time of the referral.

Additionally, the consent of the Guardianship Administrator or an Authorized Agent is **not** required to provide crisis intervention services (in accordance with 59 Ill. Adm. Code 132) or when a mental health assessment is court-ordered.

NOTE: Any MHCH service which requires the informed consent of the Guardianship Administrator or the Authorized Agent also requires the informed consent of the child/youth if he or she is twelve (12) years of age or older. Furthermore, a youth who is age sixteen or older can voluntarily consent to receive mental health services whether or not the Guardianship Administrator or Authorized Agent consents. When a youth who is sixteen or older voluntarily consents, the mental health service provider is required to immediately notify the Guardianship Administrator that services are being provided with the youth's informed consent.

Rehabilitative or Mental Health Assessment

A separate, informed consent is required for all Department children or youth up to age 18, prior to the beginning of an assessment to determine whether the he or she is in need of MCMH services. The **CFS 431-1, Consent of Guardian to Mental Health/Rehabilitative Services Assessment,** shall be signed by the Guardianship Administrator or an Authorized Agent when a contracted MCMH service provider requests a consent to perform an assessment of a child/youth.

The original copy of the signed **CFS 431-1** shall be provided to the MCMH service provider, a copy is to be forwarded to the child's caseworker for placement in the case record and a copy is to be maintained by the Guardianship Administrator or Authorized Agent, whoever signed the consent form. When verbal consent is given to a service provider by an Authorized Agent, written follow-up must be **telefaxed within 2 hours and mailed within 24 hours**. When the verbal consent is given over a weekend, written follow-up must be **telefaxed and mailed by 10:00 a.m. the following work day**.

If the assessment is performed on an in-patient basis for a child for whom the Department has guardianship through the Juvenile Court of Cook County, the Guardianship Administrator or Authorized Agent must also comply with the requirements of the **Lee-Wesley Amended Order**. (Refer to Appendix C of Procedures 327.)

Authorized Agents shall not sign "blanket" or incomplete consent forms under any circumstances, all consent forms shall be specific, time limited and given without duress or coercion.

Once the assessment has been completed, separate, specific informed consents are required for the treatment plan, administration of psychotropic medication, and/or psychiatric hospitalization. Consent for other mental health services described in the treatment plan is indicated by the Authorized Agent's signature on the Individual Treatment Plan (ITP) or the Rehabilitative Services Plan (RSP).

Individual Treatment or Rehabilitative Services Plan Development/Modification

An Individual Treatment Plan (ITP) is developed on the basis of a mental health assessment. A Rehabilitative Services Plan (RSP) is developed on the basis of a rehabilitative assessment. The ITP or RSP is prepared on forms supplied by the mental health provider and must be signed by the Guardianship Administrator or Authorized Agent before any other mental health services (other than crisis intervention) can be provided to the child/youth. Additionally, if the child/youth is 12 years of age or older, he/she must also sign the ITP/RSP in order to receive services. Any modification of the ITP/RSP also requires the consent of the Guardianship Administrator or Authorized Agent (and child, if 12 or older).

If services listed in the ITP/RSP are to be provided by agencies who did not participate in the development of the Treatment/Rehabilitative Services Plan, a separate consent is required for each agency to provide their particular services.

NOTE: Administration of psychotropic medication is a medical procedure which requires the consent of the Guardianship Administrator or an Authorized Agent in accordance with Section 327.5, Medical Consents.

c) Other Consents

This section deals with procedures for obtaining required consents for other important decisions that may need to be made on behalf of children. When seeking the consent of the Guardianship Administrator, the ward has the right to be informed that any decision of the authorized agent may be appealed in court.

1. Consent to Marriage

The guardian's consent is required for the issuance of a marriage license to any child between the age of 16 and 18 for whom the Department has guardianship responsibility. To obtain a consent, the child's worker shall send a memorandum to the authorized agent with the following information concerning the ward:

Name
Date of birth
Place of birth (city, county, state)
Current residence (city, county, state)

Concerning the person ward is to marry:

Name
Date of birth
Current residence (city, county, state)
If not of the age of majority, name and relationship of person who will consent.

Include information to support why a consent should or should not be given. The agent may wish to interview the couple personally. If the request for consent is approved, the agent will sign and notarize a form entitled An Affidavit of Consent of Parent or Guardian for Marriage of a Minor, and forward it to the office which initiated the request. The Affidavit is printed on the reverse side of the marriage application form. It is then to be given to the ward to be used to obtain a marriage license. In some areas it may be necessary to provide a copy of the court order awarding guardianship.

In Cook County, the completed Affidavit and court order shall be presented in person by the minor and the authorized agent:

Mr. Michael Fish, Supervisor
Marriage License Bureau
Cook County Building, Room 233
118 North Clark Street
Chicago, Illinois 60602

If the marriage is to take place in a state other than Illinois, it is the responsibility of field staff to secure the proper consent forms from that state and provide them to the authorized agent.

It should be noted that some states have laws which permit marriage, with and without parent/guardian consent, at an earlier age than is specified in Illinois law. If a ward should go to another state for the sole purpose of marriage when such marriage is not permissible under Illinois law, that marriage could be voidable. A ward in that situation should be so advised.

2. Enlistment in the Armed Forces

When a ward age 17 wishes to enlist in a branch of the armed forces, the field social worker should consult the local recruiting officer concerning procedures necessary, including the provision of guardian's consent. The consent forms for enlistment must be completed by the recruiter and forwarded by the social worker to the appropriate agent. In some areas the recruiting officer will personally bring the forms to the authorized agent for approval and signature. The agent may wish to interview the ward before acting upon the consent request. When the consent request has been approved and signed by the agent, it will be returned.

3. Enlistment in Job Corps

The Office of Economic Opportunity establishes policy and procedure regarding the Job Corps. In Illinois, the agency designated by the Office of Economic Opportunity to screen and recruit applicants is the Illinois Job Service.

When the agent is requested to consent to enrollment of a ward in the Job Corps, the recommendation of casework staff shall be obtained. It is advisable to interview the ward and the recruitment officer regarding the term of enrollment, the rules and regulations of the Job Corps, the type of training offered, and the ward's ability to adjust to separation and residence in a distant area.

Job Corps policy requires that the Department retain guardianship of the ward for the duration of enrollment.

The Office of Economic Opportunity does not allow any deletion in the medical/surgical section of their "Parental Consent to Enrollment in the Job Corps" form, but will accept the addition of the following statement. "It is understood that, except in dire emergencies, the consent of the guardian will be sought for any major medical or surgical procedures."

Consent of the court should be obtained for the ward to be placed out-of-state if the Job Corps training center is located outside the State of Illinois.

4. Travel

Consent for Out-of-State Travel

In an effort to avoid unnecessary delay, the Guardianship Administrator has delegated authority to consent to out-of-state travel within the continental limits of the United States up to 30 days, to casework staff, (refer to EXCEPTIONS below). The caseworker should complete Form **CFS 432, Consent of Parent/ Guardian for Out-of-State Travel,** type the guardian's name on the appropriate line, and sign his/her name on the caseworker line. If the ward is receiving service pursuant to a voluntary placement agreement, the parent's consent for out-of-state travel is required. Copies of out-of-state travel consents should be filed in the child's case file and with the appropriate authorized agent.

EXCEPTIONS: Consents for out-of-state travel exceeding 30 days, or for travel outside the continental limits of the United State, shall be executed only by the guardian or authorized agent, if the authorized agent is a field service supervisor or site administrator. Whenever consent for travel is given, the responsible adults with whom the child is traveling should be given information on how the authorized agent can be reached in case of an emergency, i.e., phone numbers.

Consent for Out-of-Country Travel

Consent for travel outside the United States may be executed only by the guardian or authorized agent. Such consent is conditioned upon the concurrence of the court of jurisdiction, except for Cook County wards. The Juvenile Court of Cook County has approved generally vacation travel by court wards on the North American continent. Thus, even though specific consent is not required for Cook County wards, the court should be informed, in writing, when out-of-country travel on the North American continent is approved by the guardian.

Consent to Issuance of Passport for Department Ward

Minors, age 12 and older, may sign their own applications for passports. For wards under age 12, the guardian's consent is required. In either event, certain documentation is required by the Federal Passport Office: a certified copy of the ward's birth certificate (must bear Clerk's raised seal), certified copy of the court order establishing guardianship, a certified court order authorizing acquisition of a passport and specifying travel plans for the child, two photographs of the ward, and a signed, notarized statement from the guardian consenting that the ward may leave the United States. The statement should include the names of persons traveling with the child and the length or time the guardian anticipates they will be gone.

Application forms for issuance of a passport may be obtained from the Passport Office in Chicago, or from the Clerk of the United States District Court serving the locale in which the area office is located or from some post offices. The forms should be completed and transmitted to the appropriate authorized agent along with required documents including a money order or check--made payable to "Chicago Passport Agency"--in the amount of $ 15.00. The agent will take appropriate action and the Passport Office will mail the passport to the designated address.

It should be noted that the required procedures for obtaining passports involve *at least 15 working days*, and longer during the months from May to September when vacation travel is at its peak. Staff should act accordingly in order to assure that passports will be secured in time for planned vacations.

5. Release of Information Consents

When a request for release of information requires the consent of the guardian per the rules contained in **Part 431, Confidentiality of Personal Information of Persons Served by the Department**, the signature of the Guardianship Administrator is to be obtained on the consent form by forwarding the request to the Authorized Agent.

6. School Matters

Since the school plays a major role in the life and development of the school age child, there are many events that require the participation and decisions of the child's parent. For children who are the legal responsibility of the Department, those providing substitute care, depending on what type of placement setting the child is in must make these decisions. For most routine school activities, only the involvement of the child's caseworker or foster parent (in group settings, residential administrator or designee) is required.

When the child is handicapped and enrolled in special education classes, the child's worker shall immediately request the appointment of a surrogate parent through the State Board of Education. The appointed surrogate parent will provide written permission for progress reports and changes in educational placements following their appointment by the State Board of Education. Prior to the appointment of the surrogate parent, required approvals cannot be given by the Authorized Agent for the Guardianship Administrator because only a surrogate parent is authorized to consent to release of special education records. However, with the exception of children living with their parent(s), the authorized agent is responsible for signing all legal documents. The natural parent can sign for children residing with them; however, the authorized agent shall be advised of those situations where the parent consents or refuses to consent in matters having legal or other serious consideration for the child.

The following chart identifies levels of responsibilities and type of activities:

. Enroll in school	Foster parent and/or residential administrator or designee
. Notification of change in school placement	Caseworker and/or residential administrator or designee
. School conferences and problems at school	Foster parent and/or residential administrator or designee
. Reports, conferences, evaluations and placement changes for special educational programs	Surrogate parent appointed by by ISBE
. Accidents	Foster parent and/or residential administrator or designee
. Report cards	Foster parent and/or residential administrator or designee
. Release of school information	Authorized agent of the Guardianship Administrator
. School trips in Illinois	Caseworker and/or foster parent, the residential administrator or designee
. School trips out of Illinois	Authorized agent of the Guardianship Administrator
. Participation in other school programs	Foster parent and/or residential administrator or designee
. Athletic participation	Authorized agent of the Guardianship Administrator
. Fiscal, other	Caseworker

Request for the authorized agent's signature should be forwarded directly to the authorized agent. It will be the agent's responsibility to forward a copy of such consents to the appropriate casework staff and then forward the original to the appropriate school personnel. Signed consents for school trips may be given by the Authorized Agent for the entire school year.

7. Corporal Punishment

It is the policy of the Department that children for whom it has legal responsibility be protected from corporal punishment in residential, school and other settings and that discipline be achieved by alternate means. The Department has a form letter which shall be sent to the schools the children attend and incorporated in the permanent school record. The form letter is in Appendix D of these procedures.

8. Release of Liability

Often the parent or guardian of a child is requested to consent to the child's participation in activities such as summer camp or in a particular sport such as horseback riding or in other possibly hazardous pursuits. The form which the parent/guardian is requested to sign may bear a statement that the agency, school organization or group sponsoring the activity is to be released from liability, indemnified from any loss or held harmless in the event of any accident or injury suffered by the child in question.

If it has been determined that participation in the particular activity would be beneficial to the child, the authorized agent may sign consent forms as described above. The rationale is that:

. Most parents do sign such statement and the Guardianship Administrator cannot be held accountable to a higher standard;

. Such sections do not absolutely preclude the recovery of damages as a result of the active negligence of the service provider.

. Statutes allow minors to pursue claims for personal injuries they have received for two years beyond their 18th birthday; therefore, the rights of the minor cannot be waived.

9. Driver's License and Permits for Driver's Training

A social work supervisor, foster parent or residential care facility director may sign the application for a learner's permit. For good reason, the guardian or authorized agent can contact Driver Control, Secretary of State, and request that a license be revoked or reinstated.

Since mandatory insurance is required in Illinois, wards should be covered on the car owner's insurance before permission is given to drive the care.

10. Media Releases

Many organizations require participants to authorize the release of photographs, voice reproductions, slide, video-tapes or movie films in their possession. Such material may be intended for staff training, the education of outside persons or groups, promotional pamphlets, news releases, etc. Often a "blanket" type of release is sought granting the organization autonomy to release all such information to whomever they deem appropriate. However, under no circumstances are "blanket" consents to be signed, not even by the Office of the Guardianship Administrator. These requests must be forwarded to the Office of the Guardianship Administrator for a decision. The consent of the parent(s) or guardian is required for minors.

The authorized agent should review the content of such releases submitted for signature, and where appropriate, make modifications. Consideration should be given to protection of the ward's identity, constraints upon use for commercial purposes, and assurances that, where possible, the content of the material released will tend to present the ward in a light that would not be distasteful or repugnant to him/her.

In the case of consents for coverage by the news media, consultation shall be sought from the Department's Office of Communications.

11. Research Project Participation

All requests for a ward's participation in any research project will be forwarded to the Office of Planning and Training, (217) 524-2414, for review. **Refer to Rules and Procedures 432, Research Involving Children and Families**, for more complete information regarding research involving children.

12. Control of Mail

A Department ward has a right to free communication by mail. This includes the right to be free from censorship. Therefore, there shall be no examination of the contents and/or withholding of incoming mail addressed to wards without the ward's written consent or without the guardian's written consent. Outgoing mail may not be screened.

The guardian shall provide prior written consent for withholding or screening of mail only in extreme instances and for the specific purpose of protecting the recipient or others from harm, harassment, or intimidation. Such psychological or psychiatric harm must be determined by a psychologist or psychiatrist based upon clinical data and must be clearly stated in a written, professional opinion.

13. Smoking

Illinois Revised Statutes 1991, ch. 23, par. 2357 [720 ILCS 675/1] requires written consent from the parent or guardian before a minor may buy or be given tobacco. Authorized agents are not to provide consent to smoke. Staff are not to purchase tobacco for Department wards under age 18. If a Department ward under age 18 is already using tobacco, the worker shall provide the minor with information from a medical facility or the public health facility about the health risks associated with smoking. Counseling, self-help, and supportive services are to be offered to the minor.

There may be other situations that arise which require a consent from a child's parent or guardian which are not covered in these procedures. The authorized agent is to be contacted for advice on how to proceed.

Submitting the Service Plan to the Juvenile Court

The Department shall submit a **CFS 497, Client Service Plan,** for children for whom the Department is legally responsible to the Juvenile Court when:

- The initial service plan is developed,
- A case review is conducted, or
- The permanency goal for any of the children is changed.

Only one service plan is to be submitted per family.

Adoptions

Whenever a service plan is being sent to the Juvenile Court regarding a child who has been or is in the process of being adopted, all references to the adoptive family's identity and address should be deleted from the copy that is sent to the court.

Supplemental Petitions

Department staff will be notified via the phrase "Supplemental Petition" on the **Monthly Caseload/Tickler, CF-CM 4011-A** (a MARS/CYCIS report) when a supplemental petition should be submitted to the Juvenile Court.

When a child's case is listed for a **"Supplemental Petition",** staff are to submit two copies of the **CFS 460 S, Supplemental Petition,** and two copies of the **CFS 460-1, Order, to the Juvenile Court**. According to local Juvenile Court practice, the **Child Case Summary, CF-CM 4021-A** (a MARS/CYCIS report) shall be attached to the Supplemental Petition. If the **CFS 497, Client Service Plan,** has been changed since the last one was submitted to the Court, also attach the most recent **CFS 497**.

d) Obtaining Legal Representation for a Ward

From time to time wards have need for legal representation or legal action in their behalf. The authorized agents of the Guardianship Administrator are responsible for obtaining these services, while caseworkers are responsible for gathering all the relevant information. When the need for legal representation arises, the agent should consult with legal counsel to determine whether the facts of the matter warrant: further legal action, or engaging a private attorney to represent the child, or no action. The Office of the Guardianship Administrator shall be notified of all potential lawsuits which may be initiated on behalf of a ward and shall authorize all legal representation as needed, in conjunction with the worker, supervisor, and regional counsel.

Legal matters that involve the personal and private rights or interests of Department wards should not be referred to the Department's legal staff. The Department's legal staff represents the Department in its "corporate" form and not individual wards. Therefore, each region should seek to assemble an updated, current working list of local attorneys who have evidenced and signified that they are ready and willing to serve the unique, individual, legal needs of Department wards. Lists of attorneys can be obtained at no cost from the Chicago (or other local community) or state of Illinois Bar Association. Monetary costs to the Department should be negligible since: in criminal cases the court will normally appoint an attorney; in personal injury cases fees are handled on a contingent fee basis; in probate matters, attorney's fees can be derived and deducted directly from the proceeds of the estate.

The following are examples of situations which may require legal representation and the kinds of information and procedures for handling them.

1. Civil or Criminal Changes

In most situations the court will appoint an attorney to represent a ward facing criminal charges. If the court does not, or if the attorney who was appointed does not appear to be conscientiously representing the ward, the authorized agent is to obtain legal advice. If a civil action is brought against a ward, the agent is to obtain legal advice. The agent, with the help of the child's worker, is to gather as much information as possible regarding the charges, the court where the action has been filed, and the situation precipitating the filing of charges.

2. Wards Who Have Financial Assets

Children under guardianship may be the recipients of funds from insurance policies, inheritances, legal suits, or other sources. If the amount of money is $5,000 or less, it can be accepted by the Department and kept in an interest bearing account until the ward reaches age 18 or until guardianship is released. Ask the payer to make the check payable to "_____, Guardianship Administrator, for _____." Send the check to the Children's Account Unit (Springfield Central Office) with the request that the funds be held for the child and not used for care. When the ward reaches age 18, the Children's Account Unit should immediately send the money to the ward. If guardianship is terminated prior to age 18, the money should be sent to the adult responsible for the child.

If the amount of money exceeds $5,000, the guardianship administrator shall obtain legal representation for the ward to request the appointment of an estate guardian for the ward.

When a ward has acquired assets, notification regarding the amount and the type of assets must be sent to the Manager of Federal Financial Participation at the Springfield Central Office.

3. Wrongful Death Action

Wrongful death action can be brought by a party who has lost someone important to him/her as a result of an error or mishap on the part of another. Thus, such suit can be brought in behalf of a ward who has lost a parent or even sibling from certain kinds of circumstances, i.e., mother killed by a drunk driver (driver and the tavern can be sued), father killed in an accident at work when safety equipment was not available or did not work properly (employer or manufacturer of safety equipment can be sued). If a ward might need an attorney to bring such a suit in his behalf, the authorized agent shall obtain legal advice providing as many of the facts of the matter as possible.

NOTE: The Department cannot bring a suit if one of its wards is killed as a result of an error or mishap on the part of another party because the Department is not considered to have lost either a loved one or someone who provides a service that it needs, i.e., support. However, if a ward is killed in such circumstances and has a sibling under Department guardianship, the Department should consider bringing a wrongful death action in behalf of the surviving sibling who has suffered a loss.

4. Wards Who Have Been Injured In An Accident

Wards who have suffered personal injury that may have been caused by an action or inaction of another may have a cause to bring suit against the other party. The information, which is needed to proceed in behalf of the ward, is shown in 1-7 below. The information in numbers 1-4 should be known before an attorney is consulted so that the attorney can be given sufficient information to advise the authorized agent.

1) Child's name, birth date, address, any prior handicapping conditions, and any other relevant information which would be affected by the accident or the outcome of legal action.

2) Police reports of the incident including witnesses, if any.

3) All reports of medical treatment administered to the injured ward following the accident including emergency room care, in-patient treatment and subsequent care.

4) Statement by current treating physician reporting present condition, cost, prognosis, and duration of continued treatment.

5) All bills incurred as a result of the injury including emergency room care, anesthesiology, in-patient expenses, drugs, rehabilitation devices, and subsequent medical care.

6) Records of any collateral court proceedings pertinent to the injury such as traffic court proceeding, criminal court hearing, and administrative hearings.

7) Insurance coverage of household or facility in which the ward resided at time of injury. This would include uninsured motorist policies, med-pay coverage, etc.

The attorney will review the accident situation and either explain to the agent why the facts do not support the bringing of a suit, or advise on how to proceed.

When a lawsuit has been settled or a settlement offer made, the Office of the Guardianship Administrator must approve the settlement.

The Department of Public Aid requires that a report be filed when there has been a personal injury to any recipient (this, of course, includes any DCFS wards who are eligible for MANG cards). The form **DPA 44 (R-11-81),** which can be obtained from the Department of Public Aid must be completed (see sample) by the caseworker as soon as possible after gathering all the necessary information related to a personal injury of a child for whom DCFS is legally responsible. The caseworker must mail the completed form to Public Aid at the addressee(s) listed below and a copy to the attorney if one has been retained to represent the child. The **DPA 44** should be completed and sent to Public Aid even if a personal injury lawsuit has not been filed. Once the Department of Public Aid receives the **DPA 44,** lien notices will be sent to all parties involved. This allows the Department of Public Aid to recover from insurance companies and attorneys if there is a settlement. When monies are received as a settlement, the Department of Public Aid is entitled to reimbursement for medical expenses paid on behalf of a child for whom DCFS is legally responsible. The Department's caseworker shall notify the attorney representing the child that medical bills were paid by DPA. The Department of Public Aid's lien against any settlement should be made known to any attorneys or insurance companies who are involved with a personal injury claim on behalf of a minor. It is the responsibility of the attorney handling the case to negotiate with DPA regarding their lien.

In Cook County mail the **DPA 44** to:

Technical Recovery Unit
Department of Public Aid
17 North State Street, 13th Floor
Chicago, Illinois 60602

In other parts of the state mail the **DPA 44** to:

Technical Recovery Unit/Bureau of Collections
Department of Public Aid
100 South Grand Avenue East
Jesse B. Harris Building, Lower Level I
Springfield, Illinois 62762

Finally, if any attorney is engaged to represent the minor, a **CFS 446 (3-77)** should be executed by an authorized agent and sent to that attorney. This form is not an agreement for remuneration because in personal injury cases, attorneys usually agree to take the case on a contingent fee basis, i.e., one third of any settlement or award.

The authorized agent is to follow through with the attorney and provide information to her/him as he requests. Any settlement should be treated as mentioned earlier depending on whether it is larger or smaller than $5000. It is important that the child and the Children's Account Unit or the estate guardian remain in contact if guardianship is terminated or the minor reaches maturity. If DCFS guardianship is terminated or the child receives any payments from a personal injury settlement, the Department of Public Aid is to be notified. Staff shall also notify the DCFS Manager of Federal Financial Participation at the Springfield Central Office of the receipt of these payments.

5. Bail Bond

Policy and procedures concerning bail for Department wards who are jailed are contained in **Rule 362, The Bail Fund**. It is the responsibility of the regional administrator to make the necessary arrangements for the obtaining of bail.

6. Polygraph Test

A polygraph (lie detector) test cannot be administered to a minor under age 18 without the written request of a parent or guardian. Requests for such consents should be directed to the authorized agent who will base consent on the ward's willingness to take the test as well as advice of legal counsel, all to the end of protecting the ward's best interests.

e) Children's Benefits

The Guardianship Administrator is nominally responsible for making application for any potential benefits for which children for whom the Department has legal responsibility might be eligible. All benefits received for children are received in the name of the Guardianship Administrator.

The Children's Account Unit, Springfield, handles the actual day-to-day responsibilities for applying for and disbursing benefits with the assistance and cooperation of regional and field staff. Refer to Rules 351, Federal Benefits and Other Public Funds; and 353, Children's Accounts, for more information.

It should be noted that the Guardianship Administrator, as guardian of the person of Department wards, is not authorized to serve as the guardian of the estate for any ward. If the Guardianship Administrator should be appointed guardian of the estate, the worker should immediately file a petition with the court to relieve the guardian of such appointment.

f) Protection of Children in Care

The Guardianship Administrator is responsible for protecting the rights of children in care. This includes responsibility for ensuring that DCFS wards are not subjected to excessive or inappropriate use of behavior management techniques. The child's worker shall instruct the facility, in writing, that in accordance with Rule 384 (Section 384.5), Discipline and Behavior Management in Child Care Facilities, residential child care facilities are to notify the authorized agent within 24 hours when any DCFS ward has been subjected to physical restraint or confinement.

The authorized agent shall also advise the facility that, in accordance with Rule Section 384.5, the authorized agent must provide a separate written consent for the administration to a DCFS ward of each psychotropic or psychoactive drug. Changes in dosage or frequency do not require written approval, but the authorized agent should be advised of the change.

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Section 327.5 Medical Consents

a) Principles of Consultation and Consent

1) When Consent is not Required

// The rule states that the custodian or guardian may not provide consent for persons beyond their 18th birthday UNLESS the ward has been adjudicated incompetent by a court of competent jurisdiction. Consents are not required for females who are pregnant and for dissemination to children over 12 of information about and treatment for sexually transmissible disease, drug or alcohol abuse and for birth control information.

Pregnancy

A minor child while pregnant can consent to any medical care or treatment. After her baby is born the minor mother can consent to any treatment for her baby; however, she can no longer consent to her own treatment. The consent of her parent or guardian must then be requested.

Abortion

Because of her legal right to execute her own consent for medical/surgical treatment, a pregnant minor may arrange and accomplish an abortion without the guardian's knowledge or consent. However, some hospitals, if they accept patients for elective abortions, require the consent of a parent or guardian in addition to that of the pregnant minor. In these instances, the consent of the authorized agent of the guardianship administrator is to be sought. The authorized agent will provide a contingent consent, i.e. contingent upon the child's consent. In all instances, the agent will make certain that the child had first received counseling regarding the abortion before issuing such a contingent consent.

The guardian shall consent to abortions in the first two trimesters of pregnancy when so requested, but he must be informed in all such matters and he must assure that the ward has been apprised of all possible alternatives to abortion. The ward's parents should also be advised of the situation, if possible, unless factors of a compelling nature are present which in the judgment of the caseworker and

authorized agent would result in untoward effect upon the ward. Similarly, the court is also advised of the ward's pregnancy, delivery, and/or abortion.

Sexually Transmissible Disease, Drug or Alcohol Abuse

"Sexually transmissible disease" means syphilis, gonorrhea, chlamydia, Acquired Immunodeficiency Syndrome (AIDS), AIDS related complex (ARC), or HIV infection.

Per Illinois Revised Statutes 1991, Chapter 111, Paragraph 4505 [410 ILCS 210/5], minors 12 years of age or older may consent to medical care or counseling related to the diagnosis or treatment of sexually transmissible disease or drug or alcohol abuse unless a hospital admission is involved. The parent or guardian must consent to any hospital admission. Persons involved in providing such medical care or counseling shall, only with the minor's consent, make reasonable efforts to involve the parent(s) or guardian, if such involvement is not believed to be detrimental to the care and treatment being given.

However, in instances of alcohol abuse, a person furnishing treatment shall notify the parent or guardian following the second treatment of such alcohol use unless in that person's professional judgment such notification would jeopardize the course of treatment. In no case, however, shall a period of more than three months elapse without the parent or guardian being notified of the treatment afforded.

Birth Control Information

Birth control services and information may be provided to a minor (male or female) over age 12 by a doctor without parental or guardian consent if the child is pregnant or if the failure to provide such services would create a serious health hazard or the child has been referred for such services by a physician, clergyman or a planned parenthood agency.

2)

3) Who May Provide Medical Consents

The rule states that when medical consents are to be given for minors in the custody of or under the guardianship of the Department, such consents shall be given only by the Guardianship Administrator or designee or under special circumstances noted elsewhere in the rules by

the parent of the minor.

In Section 327.2, the definition of "designee" describes who in the Department is authorized to give consents--The Field Service Supervisor, Cook County Site Administrators and other staff whom the Regional Administrators may recommend to have registered with the Secretary of State. In addition provision has been made for emergency medical consents after regular working hours, weekends and holidays. In these situations, the Supervisor on duty at the Emergency Service Center in Chicago (312/989-3450) will handle requests for medical consents in Cook County. Downstate, the Supervisor on duty at the State Central Register (217/782-6533) will handle such requests.

Responsibility of Person Providing Consent

The first responsibility of the person receiving a request for medical consent is to determine the legal status of the child who requires the service, as the guardian's authority varies depending upon whether the Department has temporary or protective custody, a surrender, voluntary placement agreement or full guardianship. How the legal status affects the authority to give medical consent is discussed further in these procedures under Section 327.5 (b), Specific Circumstances.

It is incumbent upon the person authorized to provide consent to ask whatever questions are necessary to secure a clear picture of the child's circumstances. The ultimate decision of whether to grant or withhold the requested consent should be based upon an understanding of the facts and how these relate to good care of children. Paragraph (4) on the next page describes the professional consultation resource available to the Department and the authorized agents.

Emergency Care

According to Illinois Revised Statutes 1991, Chapter 111, Paragraph 4503 [410 ILCS 210/3], the guardian's consent is not necessary for emergency treatment or first aid of a minor if in the sole opinion of the licensed physician, dentist or hospital, the consent is not reasonably feasible under the circumstances without adversely affecting the condition of the minor's health. This provision, of course, does not preclude the request for a consent. However, the provision of treatment and care is not entirely dependent upon the granting of the guardian's consent.

// ***4503. Situations where consent need not be obtained.***

3. (a) Where a hospital or a physician, licensed to practice medicine or surgery, renders emergency treatment or first aid or a licensed dentist renders emergency dental treatment to a minor, consent of the minor's parent or legal guardian need not be obtained if, in the sole opinion of the physician, dentist or hospital, the obtaining of consent is not reasonably feasible under the circumstances without adversely affecting the condition of such minor's health.

(b) Where a minor is the victim of an aggravated criminal sexual assault, criminal sexual assault, aggravated criminal sexual abuse or criminal sexual abuse, as provided in Sections 12-13 through 12-16 of the Criminal Code of 1961, as now or hereafter amended, the consent of the minor's parent or legal guardian need not be obtained to authorize a hospital, physician or other medical personnel to furnish medical care or counseling related to the diagnosis or treatment of any disease or injury arising from the offense. The minor may consent to such counseling, diagnosis or treatment as if the minor had reached his or her age of majority. Such consent shall not be voidable, nor subject to later disaffirmance, because of minority.

Availability of Authorized Agents

Each Region shall establish a system whereby the Regional receptionist will be able to locate at least one authorized agent within a period of one hour during normal working hours. Provisions for after hours, weekends and holidays have already been described in these procedures.

Notification to Region of After-Hours Consents

State Central Register Supervisors and Emergency Service Center Supervisors who handle after hours, weekend and holiday requests should have four copies of **Form CFS 431, Consent of Guardian to Medical/Surgical Treatment** completed. The white copy should be forwarded to the hospital or physician requesting the consent. The yellow copy should be retained in the Central Register or Emergency Service Center file, the green copy to the responsible Region, and the

fourth copy should be retained by the supervisor who provided the consent and maintained in that supervisor's file. Any supplementary information should be called to the appropriate Field Service Supervisor or Site Administrator.

Wards Placed Outside Responsible Region

Medical consents for wards placed in foster homes, group homes, institutions or other living arrangements outside of the Region which has case responsibility shall be provided by the authorized agent in the Region which has case responsibility. However, State Central Register and Emergency Service Center supervisors shall handle the requests directed to them regardless of whether the office which has case responsibility is located in Cook County or Downstate. When handling such requests, they shall verify the child's legal status before providing the consent and notify the appropriate Region of the decision made via Form **CFS 431**.

4) Consultation for Major/Elective Procedures

The reverse side of Form **CFS 431, Consent of Guardian to Medical/ Surgical Treatment**, is designed for completion by the physician in order to supply the facts and information needed for the authorized agent to make a decision. More information may be needed, however, regarding major or elective medical/surgical procedures or the use of psychotropic drugs, because prior to making a decision the agent must seek the advice of the appropriate Department medical consultant.

// The Pediatric medical consultants are: Dr. Rute Medinas of the University of Illinois Pediatric Clinic in Chicago, who provides consultation for cases in the Aurora, Cook County, and Rockford areas, and can be reached at (708) 442-9277 or when no answer, call (312) 936-6058, wait for the beep, then dial your (caller) area code and telephone number; and Dr. Jose L. Gonzalez at (217) 528-2525 or (217) 782-8323 for all calls regarding cases in the Central and Southern regions.

The medical consultants do not make the actual decisions regarding whether consent is given to a particular medical procedure. The decision must be made by the authorized agents. However, the consultants explain the child's medical situation and the proposed treatment to the authorized agent so that the agent can make an informed decision in the child's behalf. The consultants also help by

explaining medical protocol and strategies for handling difficult situations with providers.

The medical consultants often need much more information about a particular procedure than is provided for on the back of Form **CFS 431**. In general, the type of information the worker should attempt to obtain from the physician recommending the major or elective procedure includes the following:

. The exact nature of the condition
. Diagnosis
. History of the condition; what kinds of treatment have been given; child's response to that treatment
. Current medication child is receiving
. Child's general medical history
. Allergies to medication, food, etc.
. Special medical conditions, e.g. sickle cell anemia
. Risk concerning anesthetics
. Effects of not having the proposed treatment
. Side effects of proposed treatment
. Credentials of the doctor performing the surgery (Is he a specialist in that area?)
. At what hospital is the surgery being performed?

In addition, particular procedures such as tonsillectomies, adenoidectomies, circumcisions, etc., will necessitate the authorized agent obtaining further facts and details peculiar to the procedure. Assistance as to what type of information is needed will be provided by the medical consultants. Very often, in highly technical situations, the medical consultants will communicate directly with the child's physician.

The consultation process ordinarily requires about ten days and should be kept in mind when scheduling elective procedures. In emergency situations, of course, consent should be requested without delay and any consultation involved will be expedited.

Psychotropic Medications

The Department has a psychiatric consultant available to provide consultation on the use of psychotropic medications. The consultant is Dr. Judith Stoewe of the University of Illinois, Institute for Juvenile Research. Authorized agents are to consult with Dr. Stoewe before giving approval for the use of psychotropic medications. In emergency

situations, consultation may be obtained via telephone, then confirmed in writing. To obtain consultation, send a letter to Dr. Stoewe at:

//

University of Illinois at Chicago
Institute for Juvenile Research
907 South Wolcott Street
Chicago, IL 60612

In the letter, include the child's name, birth date, identification number, the name of the drug, the diagnosis, treatment plan and the behavior for which the drug is prescribed. Then, call Dr. Stoewe at (312) 413-1233 for a psychopharmacology consultation.

5) Sensitive Procedures

The following sensitive procedures require consultation with the child's parents, if their whereabouts are known, and consideration of opinions from at least two other physicians with specialized training, knowledge, or experience in the field who are not professionally associated with the licensed physician in addition to the consultation for major/elective procedures. If the issue is whether to administer experimental drugs, the opinions of medical experts in the experimental area who are not licensed physicians may be substituted. Sensitive procedures include:

- elective surgical or medical procedures involving the sexual or reproductive organs of a minor and the procedure may affect the ability to sire, conceive, or bear children,
- the transplant of any organ (See Section 327.5 (e) on page 35),
- the administration of experimental drugs or the administration of drugs in an experimental fashion.

Experimental Drugs

The use of experimental drugs or the use of a drug experimentally is a sensitive procedure which requires consultation with the child's parents, if their whereabouts are known, and with at least two physicians other than the recommending physician. Refer to procedures Section 327.5 (a) (5) for complete instructions. Dr. Stoewe, the Department's psychiatric consultant, is to be used if the experimental drug is prescribed for psychiatric/psychological purposes.

b) Specific Circumstances

This section describes how consent to medical treatment is obtained depending on the various conditions under which the Department has responsibility for a child.

1) Guardianship, Temporary Custody, or Surrender With Major Medical Consent Rights

When the Department has guardianship of a child through court order, including temporary court order, or through parental surrenders, consent for medical treatment should be requested by sending **CFS 431, Consent of Guardian to Medical/Surgical Treatment**, to the authorized agent. Refer to Section (a)(4) above for further details concerning consents for major and elective medical/surgical treatment, the use of psychotropic medications, and the performance of sensitive procedures.

In emergency situations, consents may be given by the authorized agent over the telephone. In these instances, the verbal consent will be confirmed in writing by the completion of **CFS 431**, which will be forwarded to the doctor or hospital by the authorized agent.

When the Department obtains temporary custody by court order, the Department's representative in court should always seek to obtain authority to consent to major medical procedures. If the court has indicated that it is unwilling to grant the right to consent to major medical treatment on a routine basis, the Department's representative in court shall request the right to consent to major medical when:

- the child is currently hospitalized, has a medical condition which will require major treatment procedures or blood transfusions, has recently been released from the hospital and may need additional treatment (this includes psychiatric hospitalization), or the guardian's consent to screen a child for exposure to the Human Immunodeficiency Virus which causes AIDS has been requested, or
- the child has been abandoned, or
- the family has a history of chronic inaccessibility to the Department, or
- the family is threatening to staff or extremely hostile to the

Department.

If the Department did not seek the right to consent to major medical care at the temporary custody hearing but the family's circumstances have changed so that such consent rights are necessary now, the Department's representative shall return to court to seek such consent rights.

A) The parents or responsible relative should be advised and consulted in all cases involving major or elective procedures. If the parents disapprove, the procedures should be postponed to allow for a court hearing.

== B)

== C)

2) Temporary Custody Without Major Medical Consent Rights

When the Department holds temporary custody through:

. Court order without major medical consent rights
. Abandonment or police intervention
. Temporary protective custody

Then, the following rules for consents apply:

A) Consent to ordinary medical treatment should be obtained from the authorized agent of the guardianship administrator.

B) Consent to major medical or surgical procedures should be obtained from the child's parent(s) or guardian (guardian in this context does not refer to the Department).

C) In emergency situations, with the parent or guardian unavailable or unwilling, the doctor or hospital should be asked to proceed by the authority granted to them under Illinois Revised Statutes 1991, Chapter 111, Paragraph 4503 [410 ILCS 210/3].

D) For elective procedures, with the parent or guardian unavailable or unwilling, a request should be made to the court for authority to consent to major medical treatment.

= = E)

3) Voluntary Placements

When the Department has responsibility for a child through a Voluntary Placement Agreement:

A) The consent of the parent(s) or guardian should be obtained for *any* type of medical treatment.

B) If the parent(s) or guardian is not available, the consents should be requested from the authorized agent in the same manner as they are requested for children for whom the Department has guardianship through court order. However, if a Voluntary Placement Agreement has expired and a child is still in the custody of the Department, consent to medical treatment, even in an emergency, may not be given. In such instances, the consent of the parent(s) or guardian must be obtained. In an emergency, if the parent(s) or guardian is not available, the doctor or hospital should be asked to proceed by the authority granted to them under the Illinois Revised Statutes 1991, Chapter 111, Paragraph 4503 [410 ILCS 210/3].

= = C)

= = D)

= = c)

d) Children Who May Be Infected With The Virus Which Causes AIDS

Some children in the Department's custody or guardianship may be exposed to or infected with the Human Immunodeficiency Virus (HIV) which causes AIDS (Acquired Immune Deficiency Syndrome). In order to monitor the care that is provided to these children, the Department has established certain approval requirements through the Office of the Guardianship Administrator.

1) Requests for HIV Screening

A) HIV Screening Without Consent

// Public Act 85-1399 allows physicians to test patients for AIDS without securing their informed, written consent in order to

provide the appropriate diagnosis and treatment of the patient. If the worker or supervisor learn that a DCFS ward has been screened for HIV infection and has tested positive, advise the Office of the Guardianship Administrator immediately at (312) 814-6864 or the AIDS Project Coordinator at (312) 989-5884.

B) HIV Screening With Consent

// DCFS wards age 12 and over may consent to their own HIV screening and have the right to obtain anonymous HIV screening. All requests for HIV screening of a child under 12 years of age in the Department's custody or guardianship must be approved by the Office of the Guardianship Administrator or the Assistant Guardianship Administrator. Authorized agents may *not* consent to screening for the HIV virus. The Department must have obtained TR (temporary custody) with rights to medical consent prior to authorizing screening.

In addition, the Department may provide consents for HIV screening for children:

- o declared incompetent by a court of law, or
- o otherwise not competent to consent as determined by the health care provider seeking such consent.

// The basis for requesting an HIV screening is outlined below. When a consent is requested, the worker shall complete a CFS 431, Consent of Guardian to Medical/Surgical Treatment and forward the request to the designated authorized agent. The Guardianship Administrator's consent is valid for all screening necessary to determine the child's HIV status. A request for an HIV screening shall be completed for the following children:

- o babies born to mothers who use drugs, who are known prostitutes, who have been sexually active with a person believed to have a history of drug use or to have been infected with the HIV virus,
- o babies born to parents who have or who have been infected with the HIV virus,
- o hemophiliacs or others who have received multiple blood transfusions prior to 1985,

- sexual partners of persons who have been infected with the HIV virus. This may include sexually abused children who have been subjected to intercourse, particularly anal intercourse, and

- adolescents who use drugs or who have had multiple sexual partners, particularly with bisexual or homosexual men or with persons believed to have been infected with the HIV virus.

C) HIV Screening for Risk Management

The Department shall not consent to HIV screening of DCFS wards age 12 and over for purposes of risk management (determining whether the HIV virus may have been transmitted to another person) without the consent of the ward or an order from the Juvenile Court. (Children aged 12 and over may consent to their own HIV screening.)

The Department shall request HIV screening for purposes of risk management only when there has been an exchange of semen or blood and a consulting physician has determined that the HIV virus could have been transmitted in the incident.

2) Consent for Treatment of Child with HIV

A) Authorized agents may consent to all routine medical care as well as standard treatment practices for HIV infections.

B) A child with a definite diagnosis of an HIV infection may be eligible for treatment that is currently subject to research protocol. Staff should refer to and follow Section 327.5 (a)(5), Sensitive Procedures regarding treatment under clinical trial.

e) Organ Transplants and Donations

1) Organ Transplants

Organ transplants are a sensitive procedure. The worker shall obtain a written consultation from at least two physicians with specialized training, knowledge, or experience in the medical discipline of the ward's disease or disability who are not professionally associated with the physician recommending the transplant. This information shall be

provided to the authorized agent who will seek the opinion of the child's parents, if their whereabouts are known, and the appropriate Department medical consultant. The Department medical consultant may contact the involved physicians for further information and clarification before making a recommendation.

Experimental organ transplants are prohibited unless specifically requested by the parents, other methods of treatment are deemed futile, and death is imminent if a transplant is not obtained.

2) Organ Donations/Anatomical Gifts

The Department may consent to organ donations/anatomical gifts only when the child's parents are dead or parental rights have been terminated in a court of law. However, medical providers may ask the Department to provide contingent consent in agreement with the child's family.

Unless organ donation is against the express preference or religious beliefs of the child or family, consent shall be given once the Department's consent authority has been established.

Most major religious denominations do not oppose organ donations/ anatomical gifts. Organ donations/anatomical gifts shall *not* be approved for any child who subscribes to the beliefs and practices of the Jehovah's Witnesses or the Christian Science faiths.

f) Foregoing Life Sustaining Medical Treatment

1) Introduction

In 1983 the First District Appellate Court rendered a decision in the case of In Re Alex B. Haymer (115 Ill. App 3d 349 (1983)) which established a clear legal precedent for determining that "legal death" may be established by either:

- the more traditional standard of irreversible cessation of circulatory and respiratory functions, according to usual and customary standards of medical practice, or

- the standard of irreversible cessation of total brain function, according to usual and customary standards of medical practice.

The determination of whether there has been an irreversible cessation of total brain function is solely a medical determination.

The Health Care Surrogate Act [755 ILCS 40/5, et. seq. (1992)] which was enacted in 1991, allows private decision making without court involvement on behalf of a minor or incompetent adult person with respect to forego life sustaining treatments. The decisions made by "surrogates" who act on behalf of the patient are based upon the medical determinations that certain conditions exist which cannot be remedied by the life sustaining treatment or that the treatment will serve only to prolong the dying process.

2) Requests for Consent to Forego Life Sustaining Treatment/Remove Life Support

Although, as guardian, The Department has the authority to consent to major medical procedures, any action taken relating to removal of life support, foregoing life sustaining treatment, etc. must be in accordance with the Health Care Surrogate Act.

All requests to consent to removal of life supports, forego life sustaining treatments, limit medical treatments or withdraw or reduce treatments must be referred immediately by telephone or telefax to the Office of the Guardianship Administrator for technical assistance and consultation in accordance with the provisions of the Health Care Surrogate Act.

3) Applying the Health Care Surrogate Act

When the case involves a child for whom the Department is guardian, the applicable surrogate decision makers include the court-appointed guardian of the person and either parent of the child. Under the Act, the guardian's authority has priority over the parents'.

Defining "Qualifying Condition"

The Health Care Surrogate Act identifies three conditions as "qualifying conditions" for which a surrogate decision maker may be called upon to render a decision regarding foregoing life sustaining treatment on behalf of a patient. They are:

- Terminal condition
- Permanent unconsciousness
- Incurable or irreversible condition

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X and Z

POLICY GUIDE 2001.04

CONSENT PROCEDURES FOR FOREGOING LIFE SUSTAINING TREATMENT AND/OR THE ENTRY OF A DNR ORDER ON BEHALF OF DCFS WARDS

RELEASE DATE: February 26, 2001

TO: Rules and Procedures Bookholders and DCFS and Private Agency Child Welfare Staff

FROM: Jess McDonald

EFFECTIVE DATE: March 12, 2001

I. PURPOSE

The purpose of this Policy Guide is to provide staff with the consent procedures for the removal of life support, limiting medical treatment, foregoing life sustaining treatments or the entry of a Do Not Resuscitate (DNR) Order on behalf of children for whom the Department has legal guardianship.

II. PRIMARY USERS

The primary users of this Policy Guide are DCFS and private agency child welfare staff.

III. KEY WORDS

Limiting life support, Do Not Resuscitate (DNR), Limiting medical treatment, life sustaining treatments, surrogate decision-makers, Guardianship Administrator.

IV. GENERAL INFORMATION

All requests for consent to the removal of life support, limiting medical treatment, foregoing life sustaining treatments and/or the entry of a Do Not Resuscitate (DNR) Order must immediately be referred by telephone or telefax to the Office of the DCFS Guardianship Administrator. The telephone number is 312/814-8600 and the telefax number is 312/814-7015. Prior to providing consent, the Guardianship Administrator will consult with the Department's Medical Director about the request.

Any action relating to the removal of life support, foregoing life sustaining treatment, limiting medical treatments, and/or the entry of a DNR order must be taken in accordance with the Health Care Surrogate Act (755 ILCS. 40/1 et seq.) A "DNR" order is a doctor's order entered in a patient's medical chart, which tells hospital staff that if a patient suffers a cardiopulmonary arrest (a cardiac arrest or respiratory arrest), the patient does not have to be revived. The Act is intended to define the circumstances under which private decisions to terminate life-sustaining treatment may be made by surrogate decision-makers on behalf of patients lacking decisional capacity without judicial involvement.

The Act provides, in part, that a patient's attending physician must certify that a patient is suffering from a "qualifying condition" within the meaning of the Act. The Act identifies three conditions for which a surrogate decision-maker may be called upon to render a decision regarding foregoing life sustaining treatment on behalf of a patient. The three conditions are: (1) terminal condition; (2) permanent unconsciousness; and (3) incurable or irreversible condition. Only after such a medical determination has been made can the surrogate decision-maker consider whether to forgo life sustaining treatment.

THE DEPARTMENT MUST HAVE GUARDIANSHIP OF A MINOR IN ORDER TO CONSIDER THESE REQUESTS. ONLY THE DEPARTMENT'S GUARDIANSHIP ADMINISTRATOR OR ASSISTANT GUARDIAN ADMINISTRATOR MAY PROVIDE CONSENT ON BEHALF OF A WARD FOR THESE TYPES OF REQUESTS. AUTHORIZED AGENTS CANNOT PROVIDE CONSENT TO THE REMOVAL OF LIFE SUPPORT, ENTRY OF A DNR ORDER OR LIMITING MEDICAL TREATMENT ON BEHALF OF A WARD.

V. CONSENT PROCEDURE

If a worker receives a request for removal of life support, DNR order, or foregoing life sustaining treatment, the following procedure must be followed:

A. **Immediately** contact the Office of the Guardianship Administrator at 312/814-8600;

B. Submit the following written documents to the Office of the Guardianship Administrator via telefax (312/814-7015):

1. a copy of the Disposition Order appointing the DCFS Guardianship Administrator legal guardian of the minor;

2. names, addresses and telephone numbers of the child's birth or adoptive parents (and if applicable, other interested relatives and substitute caregivers). If the State has terminated the parental rights of the birth parents, the information about the birth or adoptive parents is not necessary;

3. a letter from the minor's attending physician recommending the advanced directive, including a statement of what the qualifying condition is, brief medical history and diagnosis and the basis for his/her treatment recommendation;

4. letters from two physicians (with specialized training, knowledge or experience in the medical discipline of the minor's disease and/or disability who are not professionally associated with the child's attending physician) stating their reasons for recommending the treatment (for example, the entry of a DNR order); and

5. a written statement from the medical provider's ethics committee stating the committee's reasons for recommending the treatment.

Although the Guardianship Administrator has the legal authority to consent to these types of requests on behalf of a ward under guardianship, the wishes of the birth parents, interested relatives, family members and substitute caregivers are considered in the decision making process. The Guardianship Administrator and/or Assistant Guardianship Administrator usually visit a child for whom such a request has been made. The Guardianship Administrator will also consult with the Department's Medical Director about the request.

VI. REFERRAL TO DCFS NURSING SERVICES

When a worker receives a request for removal of life support, DNR order, or foregoing life sustaining treatment for a ward or identifies a child who has an existing DNR when a DCFS case is open, the case shall be referred to the DCFS Regional Nurse for assessment, medical guidance to caseworkers, foster parents, and on-going consultation as needed.

VII. QUESTIONS

Questions regarding this Policy Guide should be directed to the Office of the DCFS Guardianship Administrator at 312/814-8600. Questions about the meaning of qualifying condition, DNR, etc, should be referred to the DCFS Regional Nurse.

VIII. FILING INSTRUCTIONS

File this Policy Guide in Section 327.5, Medical Consents, between pages Procedures 327.5 (14) and 327.5 (15).

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Whether a "qualifying condition' exists is a medical determination to be made and certified to, in writing, by the patient's attending physician and one other qualified physician. Only after such a medical determination has been made, can the surrogate decision-maker consider whether or not to forgo life-sustaining treatment.

Defining "Life Sustaining Treatment"

A "life sustaining treatment" is any medical treatment procedure or intervention that, in the judgment of the attending physician, would not be effective to remove the qualifying condition or would serve only to prolong the dying process. It can include, but is not limited to, assisted ventilation, renal dialysis, surgical procedures, blood transfusions, the administration of drugs, antibiotics, and artificial nutrition and hydration.

When the Guardian Administrator is the surrogate decision-maker, he or she shall consult with the provider's ethics committee, if there is one, and/or obtain his or her own independent medical opinion. The surrogate decision-maker's decision to forgo life-sustaining treatment must be witnessed by the patient's attending physician and one other person over the age of 18.

In determining whether to forgo life-sustaining treatment, the surrogate decision-maker shall consider the burdens on the patient from instituting or continuing life-sustaining treatment against the benefits of that treatment, and shall make his or her decision guided by the best interests of the patient. The surrogate decision-maker shall take into account all available information, including the views of the patient's family and friends.

The Health Care Surrogate Act does not authorize the Department to act as the surrogate decision-maker on behalf of an 18-year old, for whom the Department has guardianship. In accordance with the provisions of the Health Care Surrogate Act, the Department should never take temporary protective custody of a child for the purpose of consenting to the removal of life support systems. The Department, as temporary custodian, is not authorized to consent to forgoing life-sustaining treatment.

// **g) Health Issues Review Panel**

The Health Issues Review Panel seeks to address health care issues that are by nature complex and possibly conflictive and/or controversial. The Review Panel is not intended to substitute for supervision and/or consultation with the Regional Nurse, Clinical Managers and Coordinators or Agency Performance Team (APT) staff.

1) Composition of the Health Issues review Panel and Meeting Time

The panel will be comprised of the Department's Medical Director serving as chair-person, Chief Nurse, a Regional Nurse from the region to which the case belongs, the Guardianship Administrator or designee, and other selected health care and multi-disciplinary specialists as dictated by the facts of the case to be reviewed.

The panel will meet on the fourth Thursday of each month from 2:00 p.m. through 5:00 p.m. at the office of the Clinical Services Division, James R. Thompson Center in Chicago. Participants may confer with the panel in writing or by telephone. If the meeting is suspended or postponed, the Office of Clinical Services will notify the party requesting a review indicating the new date for review.

2) Who may Request Assistance from the Health Issues Review Panel

DCFS and private agency workers or supervisors, the Guardianship Administrator, Nursing Services, Clinical Managers and Coordinators, Administrative Case Reviewers, legal staff, the Office of the Inspector General, the Office of Health Policy, or health care providers outside the Department can make referrals. Referrals on DCFS cases should be made to the panel only after consultation between the assigned worker, supervisor and Regional Nurse has occurred.

3) When to Request a Health Issues Panel Review

Review of "Do Not resuscitate/DNR orders" and other life-threatening situations that require immediate assistance will be managed by the Guardianship Administrator in consultation with the Medical Director and Chief Nurse on an immediate basis.

The following are examples of issues that can be addressed by the Health Issues Review Panel. Referrals need not be limited to these

situations. Cases will be considered on an individual basis. If a referral is not accepted as appropriate for the panel, the person making the referral will be notified by the Chief Nurse that the referral was not accepted.

- Cases in which there is disagreement regarding treatment recommendations for a child in regards to a physical or behavioral health issue. This disagreement may be between any umber of people involved with the child's well-being, such as worker and health care provider, worker and caregiver, caregiver and health care provider, worker and APT liaison, etc.

- Disputes arising from the healthcare community concerning treatment options for a ward.

- Decision regarding appropriate treatment after a second opinion has been rendered

- Appropriateness of the actions of a health care practitioner or facility for an individual child or group of children in care.

Again, those situations that require an immediate decision based on the condition of the child should be referred to the Guardianship Administrator who will consult with the Medical Director and the Chief Nurse. **DO NOT WAIT FOR A REVIEW PANEL DECISION WHEN A CHILD IS IN NEED OF IMMEDIATE CARE OR MEDICATION OR IN A LIFE-THREATENING SITUATION.**

4) How to Request a Review

After consultation with the appropriate supervisory staff and notification to the Regional Nurse, referrals to the Health Issues Review Panel using form **CFS 534, Health Issues Review Panel Referral Form**, should be sent to:

DCFS Chief Nurse
100 W. Randolph 6-200
Chicago, IL 60601
Phone: (312) 814-5693
Fax: (312) 814-5986

Copies of medical records and other materials pertinent to the review should accompany the attached referral form. Once all the materials are

Received, an appointment will be scheduled via phone by the Chief Nurse with either the supervisor, worker or the party who made the referral.

5) Record of the Panel Review

Upon completion of the review by the panel, a written summary of recommendations will be forwarded within 15 days by the Medical Director to the parties responsible for implementing each recommendation. Copies will also be forwarded to the worker, supervisor, the Office of Health Policy, and all panel participants. A copy of the recommendations will be retained by the Chief Nurse for follow-up and review.

APPENDIX A – TERMINATION PROCEDURES

There are three methods whereby Department guardianship may be terminated:

1. Action initiated by the court. Section 705-11(2) of the Juvenile Court Act provides "*Whenever the court finds that the best interests of the minor and the public no longer require the wardship of the court, the court shall order the wardship terminated and all proceedings under this Act respecting the minor finally closed and discharged....*"

2. Action initiated by the minor or other interested persons. Section 705-8(3) of the Juvenile Court Act states that "*The minor or any person interested in the minor may apply to the court for a change in custody of the minor and the appointment of a new custodian or guardian of the person or for the restoration of the minor to the custody of his parents or former guardian or custodian..."*

3. Action initiated by the Guardianship Administrator. Section 705-7(f) of the Juvenile Court Act provides that "...whenever the Department discharges a minor from its care and service, the Guardianship Administrator of the Department shall petition the court for an order terminating guardianship."

The following procedures which describe how the Department initiates action to terminate guardianship is divided into two parts: Downstate procedures and Cook County procedures. (Also refer to Procedures 306, Service Termination.)

Downstate

Generally, action should be taken to terminate guardianship:

1. Within 90 days after the ward has returned to the custody of the parent(s)

2. Within one calendar week after a ward has been legally adopted

3. After the ward attains age 18 years if appropriate

4. After the marriage of a ward

5. No later than 60 days after the death of a ward

Although the Juvenile Court Act states that guardianship automatically terminates when a ward attains age 21 years, the Department petitions the court for release of guardianship to assure that the court file is properly closed.

In some areas, the current practice is for the authorized agent to compile a list of those turning 21 and then to notify the court by letter that the names on the list are 21 years old and that DCFS is closing its case.

When staff recommend termination of guardianship, they shall complete form **CFS 440-A, Recommendation for Release of Guardianship** and submit it to the authorized agent for approval. If approved, the petition forms are prepared and typed. If the CFS 440-A pertains to a ward from a court of jurisdiction outside of the region, it shall be forwarded to the designee responsible for that territory.

In determining the appropriateness for discharge, various factors are to be considered. If the ward is under the age of 18, there must be someone who will assume the responsibility of guardianship (usually the parent). The conditions that resulted in the Department having guardianship must be resolved, i.e., the neglected child is no longer neglected, the MINS ward is no longer truanting or is beyond the age of compulsory school attendance. The ward age 18 in placement and attending high school shall not be discharged. The developmentally disabled ward, age 18 or older, when needed, has had a guardian appointed through the Probate Court. A seventeen year old in the military service has at least completed basic training. If the ward resides out of state, the supervising agency in the other state has approved of the plan to discharge. A copy of the adoption decree is needed before petitioning for discharge. If a ward has married, he/she is legally emancipated and a successor guardian is not required. If the request is controversial, it may be more appropriate to have the staff member request the court to hold a hearing for review and further orders.

If the recommendation is for discharge of Department guardianship and termination of court wardship, form CFS 440 (**Rev. 4/78), Petition For Discharge From Guardianship**, and form **CFS 440-1 (Rev. 4/78), Order of Discharge**, shall be prepared. A separate petition and order should be prepared for each child or member of a sibling group.

If the recommendation is that the court appoints someone else to be the guardian (other than parent), then use form CFS 440 (Rev. 7/70), which contains space for naming the successor guardian, and form CFS 440-1 (Rev. 7/70). Note: It is legally possible to only appoint one person as successor guardian. The person to be named should have given their approval and be willing and able to take on the responsibility.

An original and four copies of the CFS 440 are typed. The original and one copy are for the court, a copy for the worker, a copy for the guardianship office in Springfield, and a copy for the agent. An original and two copies of the CFS 440-1 are sent to the court. Some courts only want the original 440-1 as they will return machine copies of the executed Order of Discharge. The original of the CFS 440 form is signed by the designee and the set of forms is mailed to the State's Attorney's Office in the county of jurisdiction, along with a transmittal letter giving instructions for return of the executed order of discharge forms. When signed orders are returned, one copy should go to the worker who can then close the case.

Temporary Custody Orders:

There is no Department form to petition the court to dismiss the Department as temporary custodian. Instead, staff should request the State's Attorney to file a motion when that action is appropriate.

Cook County

The procedures contained in this section were developed in cooperation with the Cook County Juvenile Court and will be used by both the Guardianship agents and court staff in assessing the appropriateness of requests for release. Also refer to Procedures 306, Service Termination, which contains specific time frames within which to initiate actions.

I. Wards Aged 21 Years and Over The only information needed on the CFS 440A is the date on which the ward became 21.

II. Wards Aged 18 to 20 The following procedures will be used in requesting release for all 18 to 20 year olds, except for situations where release is "automatically requested" (i.e., death of a ward, adoption, or legal marriage of a ward when such circumstances can be documented. Refer to Section III, b for required documentation).

A. Ward No Longer Wants DCFS Services When there is indication that a ward aged 18 to 20 no longer wants/needs services and/or support from DCFS, the ward will be asked to sign an affidavit (Form CFS 440-3) indicating that he/she is in agreement with the plan to terminate guardianship and waive his/her right to notification of the court hearing. The signed affidavit should be submitted with the request for release of guardianship (form CFS 440A) to the authorized agent, who will then forward it to the court with the petition for release. In addition to the current address and phone number, the CFS 440A need only reflect that the ward no longer wants services and has signed an affidavit to that effect.

B. Ward Agrees to Termination of Services but is Unavailable to Sign Affidavit in Person A letter should be sent to the ward indicating the Department's intent to request release of custody/guardianship. When the signed affidavit is returned proceed as in "A" above. If there is no response within a set time frame, proceed as in "C" below.

C. Ward's Whereabouts Are Known but Ward Opposes Termination, Or Is Unwilling to Sign Affidavit In those instances in which a ward aged 18 to 20 opposes termination of guardianship/services, or verbalizes agreements with termination but refuses to sign an affidavit, the social worker will submit the CFS 440A to the authorized agent indicating these facts and giving the rationale for release. Such rationale should be specific and detailed and must include the current address and phone number. The list that follows gives some common rationales and outlines the information needed to justify each of them.

1. Ward is self-supporting and has demonstrated a degree of self- sufficiency: The CFS 440A must include the ward's living situation, source and amount (if known) of income, and indications of ward's ability to manage independently.

2. Ward is fully supported by the Department of Public Aid or other agency: The CFS 440A must reflect that Public Aid or other agency is willing to meet the financial and service needs of the ward. If the ward is receiving public assistance, the P.A. number is to be included.

3. Ward has enlisted in the Armed Forces: The CFS 440A should include: ward's social security number, date of enlistment, branch of service, and current duty station. Release must not be requested until the ward has completed basic training and has been assigned to a second duty station.

4. Ward has been committed to the Department of Corrections and has a stable home to which he/she can return: The worker shall include on the CFS 440A indications of home stability (i.e., family circumstances, attitudes toward ward, etc.) and how this information was obtained (home visit, report of other agency, etc.). The worker must also have contacted DOC and should indicate on the CFS 440A whether DOC is in agreement with the plans for the ward to return home. If the ward has been committed as an adult and received a determinate sentence, the worker must indicate the date and nature of the conviction, the length of the sentence and the ward's DOC address.

5. Ward Is Uncooperative: The CFS 440A shall include a description of the kinds of services which the worker has attempted to provide and of the ward's response. Specific information, such as dates of missed appointments, should be listed in order to substantiate the worker's allegation of uncooperativeness. Worker may also document ward's refusal to give information about current status or activities.

If the release is approved by the authorized agent, the worker will send a registered letter to the ward, advising of the Department's plan to terminate guardianship, the reasons for this action, consequences to the ward in terms of loss of support and/or services, and the ward's right to notification of the court hearing in which the request for termination will be presented. A copy of this letter must be given to the authorized agent, who will then forward the petition for release to the court. Except in those cases where a ward does sign an affidavit, the court will send a notification of the impending court hearing to the ward at his/her last known address. Workers should be aware that their presence in court may be required, especially in cases where wards have indicated that they intend to appear at the hearing in order to contest termination.

D. Wards' Whereabouts Are Unknown When the whereabouts of a ward aged 18 to 20 cannot be ascertained, even after diligent search, the worker will submit form CFS 440A to the appropriate authorized agent, listing attempts made to contact the ward. Such attempts shall include: use of the telephone directory,

contact with relatives, checks through other agencies such as Public Aid, and contacts with former caretakers. Any other pertinent information should be included (for example: "ward previously stated that he intended to leave the state and live with an unidentified friend.")

If the authorized agent approves the release, the worker will send a registered letter similar in content to the one outlined above to the ward at his/her last known address. A copy either of the postal delivery receipt or the returned envelope must be forwarded to the agent who will then forward a petition for release to the court.

III. Wards Under the Age of 18

A. General Rules

1. Unless the circumstances are identical, siblings should not be grouped on the same CFS 440A, but a separate CFS 440A should be completed for each child.

2. Except in adoption cases, the ward's current address and telephone number must be listed. If there is no telephone, please so state. If the current address is unknown, the last known address should be given as well as the date the ward was last known to have lived at this address.

3. Do not request release of a ward under the age of 18 unless parent(s) or other responsible adult(s) is available to assume legal responsibility. The only exceptions to this are: (a) a ward under the age of 18 who is legally married; and (b) a ward under the age of 18 who is in the Armed Forces and has completed basic training.

B. Specific Guidelines:

1. Ward returned to parental home and appropriate adjustment has been noted in the home, school and community: The CFS 440A must include the following: Date of return home, documentation of appropriate adjustment, (dates of visits and observations of worker, private agency reports, if any, list of past or ongoing services provided to the family). If the child is of mandatory school age, the worker must include a statement as to the child's adjustment in the school, and the source of the information regarding the adjustment (i.e., school report, worker's conference with school personnel, etc.).

2. Ward has been legally adopted: The CFS 440A must contain the following: 1) adoption decree number, 2) date the adoption was finalized, 3) the name of the judge who signed the adoption, 4) county in which the adoption was finalized, 5) the date parental rights were terminated in juvenile court.

3. Ward is legally married: CFS 440A must reflect the following: 1) who gave consent for the marriage, 2) the date and place of the marriage and 3) the name of ward's spouse. A copy of the marriage certificate should be attached. If a copy is not available, verification from the Bureau of the Vital Statistics must be attached.

4. Ward has enlisted in the Armed Forces: Indicate on the CFS 440A who consented to the ward's enlistment, the date of enlistment, branch of service, ward's social security number and current duty station. Release cannot be requested until the ward has completed basic training. Also, as for wards in the Armed Forces who are over 18, a letter shall be sent to the ward indicating the intention to release guardianship. The CFS 440A must include a statement that such a letter has been sent.

5. Ward has been committed to the Department of Corrections and has a stable family to which he or she can return: The worker shall include on the CFS 440A indications of home stability (i.e., family circumstances, attitude toward ward, etc.) and how this information was obtained (home visit, report of other agency, etc.). The worker must also have contacted DOC and shall indicate on the CFS 440A whether DOC is in agreement with the plan for the ward to return home.

   If the ward has been committed as an adult and received a determinant sentence, the worker must indicate the date and nature of the conviction, the length of the sentence and the ward's DOC address.

6. Ward has moved with his family and cannot be located: The CFS 440A must include a list of attempts made by the worker to locate the ward and his family (telephone directory, contact with relatives and former caretakers, issuance of JAW's, checks through other agencies such as Public Aid, the Juvenile Court Records Section, etc. If the ward is of mandatory school age, the worker should contact the last known school attended by the ward to determine if there is a record of subsequent school placement. Any other pertinent information should be included.

7. Death of ward: If the death was from natural causes, the CFS 440A shall include the date, place and cause of death. A copy of the death certificate should be attached. If death resulted from unnatural causes (homicide, suicide, etc.) secure and attach a copy of the autopsy report.

IV. Situations In Which a Supplemental Hearing for Release of Guardianship is Required In the following circumstances the authorized agent shall request a supplemental hearing in court after he/she has approved the CFS 440A:

A. ALL CASES IN WHICH ABUSE WAS THE BASIS FOR NEGLECT FINDING (Except where ward is 18 or over and not living in the natural home).

B. Guardianship of ward under the age of 18 is to be assumed by someone other than his/her parent. The worker must secure and submit the following information:

1. Report on the home and circumstances of the proposed successor guardian, including his/her relationship to the ward (i.e., paternal, aunt, friend of mother, etc.)

2. Statement, letter, etc., of the willingness and intent of the proposed successor guardian to assume guardianship responsibility.

C. Ward under the age of 18; natural mother is unavailable or unwilling to resume guardianship responsibility for the ward and the worker recommends that guardianship be given to the identified putative father (the worker should submit a report of the appropriateness of the putative father's home for the ward).

D. Ward under the age of 18 is in natural home; child and/or parents have been continually uncooperative in following through on service plan, but worker feels that permanent placement at home is in the child's best interests.

E. Ward under the age of 18 has moved with his family and cannot be located. Documentation (see above) must be submitted to the court listing worker's attempts to locate family.

F. Ward has been committed to DOC (Juvenile Division) and DOC is not in agreement with DCFS plan to discharge guardianship.

G. Ward age 18 to 20 either opposes termination or is unwilling to sign affidavit.

Preparation of Discharge for Cook County The authorized agent should edit each 440A presented to ensure that the information to be typed on the petition includes the address, telephone number, source of social support, place of employment and a reference to whether or not the ward signed 440-3, the Notice to Ward of Supplemental Petition Terminating Guardianship. The agent should be sure to check each waiver to ensure that it is properly notarized with the notary seal imprint and signature of the notary clearly visible. If it has not been possible for the worker to meet with the ward to have the waiver signed (i.e., the ward lives out of town), the phrases "I met with" should be changed to "I sent a letter to" and "signed _____ in my presence" to "by signing and returning it to me."

When the petitions have been prepared and signed they should be forwarded to the DCFS Juvenile Court Unit, 2245 West Ogden, 3rd Floor, Chicago 60612. Preparation involves typing four copies of the CFS 440 Petition for Discharge and four copies of the CFS 440-1 Order of

Discharge. The original petition and a copy, all copies of the order go directly to the Court Liaison Office. A copy of the petition goes to the local Guardianship agent. When the discharge order is entered, two copies of the Order of Discharge are returned to the agent. One copy should be forwarded to the worker, the other attached to the agent's file.

APPENDIX B – WARDS COMMITTED TO DEPARTMENT OF CORRECTIONS, JUVENILE DIVISION

I. Responsibility of Regional/Field Offices in Guardianship Cases

The child's worker should promptly provide the authorized agent of the Guardianship Administrator a copy of the order committing a ward to the Juvenile Division, Department of Corrections, so that any questions about the legal status of the child can be resolved and notation made on the guardianship file.

In committing a minor to the Juvenile Division, Department of Corrections, the court appoints the Assistant Director, Juvenile Division, as legal custodian. Legal custody, as defined in the Act, means the relationship created by an order of court which imposes on the custodian the responsibility of physical possession of the minor and the duty to protect, train, and discipline him, and to provide him with food, shelter, education, and ordinary medical care.

The Department of Children and Family Services must accept guardianship or custody and placement planning for any child committed to Corrections who is under thirteen years of age and for whom the Department has placement resources.

All Regional/field office communications with the Juvenile Division, Department of Corrections, should be directed to its Field Agent for the area from which the child was committed. A Regional/field office will furnish social history, copies of reports of psychological or psychiatric examinations, and report any monthly benefit payments that are currently paid to the guardian as recognized payee. On request of the Field Agent, will forward to the authorized agent the Department of Corrections form, Release of Medical Information, and will return the signed form. Any other forms requiring consent of the guardian will be handled in the same manner.

In continuing guardianship cases, the regional/field office is to retain case responsibility, maintain the case record, provide consultation service when requested in behalf of the individual child, and provide foster care and maintenance if needed following discharge from the Juvenile Division, Department of Corrections.

II. Role of Guardian

In continuing guardianship of the person, the Guardianship Administrator of the Department of Children and Family Services through his authorized agents shall exercise the same powers and duties as are applicable to children directly under the care and supervision of a Regional/field office of the Department. With regard to medical consents, the authorized agent shall sign a CFS 415, Permit for Examination and Routine Medical Treatment, which allows the Department of Corrections to consent to ordinary medical care. However, the consent of the authorized agent of the Guardianship Administrator must continue to be sought when there is a major medical, psychiatric or surgical procedure in question. (Any procedure which involves hospitalization, surgery, or the use of anesthesia is considered major medical care.) Continuation of guardianship of wards committed to the Department of Corrections

should be carefully evaluated, discharge should be given if (1) the child has a parent living within Illinois who is capable and willing to resume the parental role, and (2) if it cannot be concluded that the Department has any potentially meaningful service or treatment to offer the child upon his release from the juvenile corrections system. DCFS worker should consult with DOC Field Agent prior to requesting release of guardianship.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X, Z, and C-3

POLICY GUIDE 97.6

WARDS COMMITTED TO THE DEPARTMENT OF CORRECTIONS WHO ARE SERVED BY PURCHASE OF SERVICE AGENCIES

DATE: May 1, 1997

TO: Rules and Procedures Bookholders and Child Welfare Staff

FROM: Jess McDonald, Director

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to establish case transfer procedures to govern situations in which a child under the custody or guardianship of the Department who is being served by a purchase of service (POS) **foster care** agency is subsequently adjudicated delinquent and committed to the Illinois Department of Corrections.

II. PRIMARY USERS

The primary users of this Policy Guide are purchase of service foster care agencies and child welfare staff.

III. PROCEDURES

a) When a ward being served by a purchase of service **foster care agency** is committed by court order to the Illinois Department of Corrections, responsibility for service to the child is to be transferred from the purchase of service agency to the Department. The purchase of service agency shall prepare all case transfer information as required by Department Administrative Procedure #5, Appendix D, CYCIS Form Instructions, and **transfer the case back to the Department according to established procedures in each region. The child's case will be promptly assigned to a Department caseworker according to established case assignment procedures in the appropriate region**.

The purchase of service agency and the supervisor of the receiving DCFS team shall jointly ensure that a CFS 906-1, Placement/Payment Authorization Form, is

completed and submitted to data entry to record the change in placement. The supervisor of the receiving DCFS team shall also ensure that the assignment of the case is changed in CYCIS by completion and submittal of the CFS 1425.

b) The supervisor **of the receiving DCFS team** shall also notify the DCFS Regional liaison to the Department of Corrections of the child's commitment to the Department of Corrections and the DCFS team to which the child's case has been assigned for service.

c) The POS agency caseworker who was serving the child and the DCFS worker to whom the case is assigned shall meet within **three (3) working days** after the case transfer to discuss the case so that the DCFS worker may become fully informed of the child's needs and service planning. The Department of Corrections liaison to DCFS who serves the area from which the child comes should also be invited to participate in the staffing.

d) The DCFS worker will be responsible for all future work with or on behalf of the ward, including but not limited to client service planning, visiting the ward, administrative case reviews, and discharge planning for the aftercare services.

If staff of POS **foster care** agencies have questions, they should contact their supervisor or the supervisor of the DCFS Agency Performance team which monitors the POS **foster care** agency. DCFS staff who have questions should contact their supervisor or the appropriate field services manager.

IV. FILING INSTRUCTIONS

File this Policy Guide immediately following Procedures 327, Appendix B, Wards Committed to the Department of Corrections, Juvenile Division.

APPENDIX C – PLACEMENT IN MENTAL HEALTH FACILITIES/HOSPITALS OR DMHDD FACILITIES FOR THE DEVELOPMENTALLY DISABLED

// I. ADMISSION OF WARDS TO MENTAL HEALTH FACILITIES/HOSPITAL PSYCHIATRIC WARDS

A. Wards Under Age 18 for Whom Guardianship is Held

// 1. Community Screening and Assessment

When a DCFS ward is thought to be in need of inpatient mental health services, the DCFS worker is expected to access appropriate community-based mental health services for crisis intervention, screening, evaluation and/or community hospital services. Every attempt must be made by DCFS to consider all available local mental health resources prior to presentation or referral of a ward to one of DMHDD's state-operated facilities.

// 2. Voluntary Admissions

a) Minors Under 16

Before a minor under 16 may be admitted to a mental health facility or hospital psychiatric ward the following requirements must be met:

- o The minor must be personally examined by a psychiatrist or a clinical psychologist prior to admission.
- o The above examiner must state that the minor meets both the following standards for admission:
  - Minor has a mental illness or emotional disturbance of such severity that hospitalization is necessary.
  - Minor is likely to benefit from in-patient treatment.
- o Consent must be obtained from the guardian (authorized agent) on the date of the admission. (Attempts to contact parent or guardian must commence as soon as the child is presented for admission. Whenever possible, workers should secure the consent of the authorized agent prior to presenting the child for admission to the facility/hospital. In emergency situations facilities/hospitals may accept telephone consents with written consents to follow.)

b) Minors Age 16 and 17

// The Mental Health and Developmental Disabilities Code specifies that minors age 16 and 17 may consent to their own admission and thereby be subject to the same laws which govern the admission of adults. A minor of this age may apply for admission for treatment of a mental illness and can be accepted if the facility director deems such person clinically suitable for admission as a voluntary patient. The parent or guardian must be immediately informed of the admission, but consent of the parent or guardian is not required.

// Minors age 16 and 17 who cannot or will not apply to admit themselves can only be admitted upon the application of the guardian or his authorized agents.

// If deemed appropriate for admission to a community hospital psychiatric ward, the referral of a DCFS ward will be handled by mutual agreement between the admitting physician, DCFS worker and hospital admission staff. If deemed appropriate for admission to a DMHDD facility, the referral will be made by the community-based mental health provider in conjunction with the DCFS worker or authorized agent.

// The worker shall then notify the appropriate authorized agent of the Guardianship Administrator, requesting consent for the admission. The Guardianship Administrator or his duly authorized agents are the only individuals authorized to sign applications for admissions of wards to Mental Health facilities/hospitals.

// Except in emergency situations, the worker, with an accompanying memorandum, shall document complete information justifying the ward's placement in a Mental Health facility/hospital including names of examining/recommending psychiatrist or clinical psychologist and the identity of the facility to which the ward is to be admitted.

The authorized agent shall prepare an original and 2 copies of form 79-MH-6 – Application By An Adult For The Admission Of A Minor. The original shall be forwarded to the DMHDD facility (or hospital psychiatric ward), and copies to the field office (for the child's record) and to the regional guardianship file.

In emergency situations in which the guardian's consent is given by telephone, a follow-up signed form 79-MH-6 will be sent to the facility or hospital, if placement is in a hospital psychiatric ward, with copies as specified above.

B. Wards Age 18 and Older for Whom Continuing Guardianship is Indicated

The law provides that only the patient him/herself, at age 18 or older, may sign for voluntary admission to a Mental Health
// facility or hospital psychiatric ward, and that such voluntary admission forms may not be signed by a parent or guardian. Thus, Department wards age 18 and older must sign their own voluntary admission forms. The DCFS worker can, however, be of great assistance to the ward in making the decision to enter the
// facility/hospital and in handling the procedural details. Otherwise, responsibility remains the same as those specified for wards under age 18. Notification to the authorized agent and to the court of jurisdiction is required when an older ward signs
// him/herself into a Mental Health facility/hospital.

When a ward age 18 and older is believed to be in need of
// hospitalization in a Mental Health facility/hospital but will not sign himself into the facility on a voluntary basis, the DCFS
// worker should confer with the appropriate community-based mental health provider to determine the appropriate treatment intervention, e.g. alternatives to hospitalization, or involuntary commitment to a Mental Health facility/hospital.

C. Reaffirmation of a Voluntary Admission

For a reaffirmation of a voluntary admission to a mental health facility/hospital the worker should have the ward examined by a physician (M.D. licensed to practice medicine in all its branches in Illinois, a psychiatrist or a certified psychologist). If the physician concurs with the need for hospitalization and is willing to do so, he will complete Form 81-MHDD-6 Certificate. The examination must take place within 72 hours prior to the patient's admission. Following execution of the forms 81-MHDD-6, the worker shall complete Form 81-MHDD-5, Petition for Involuntary/Judicial Admission to be signed by the authorized agent of the guardianship administrator, if available. In the event the authorized agent is not available within a reasonable time, the Regional Administrator or designee may sign his own name to the form 81-MHDD-5. In any event, the form 81-MHDD-5 should not be completed and signed until after the physician has signed the form 81-MHDD-6. Both the signed forms 81-MHDD-5 and 81-MHDD-6 shall accompany the ward to the DMHDD facility.

Within 24 hours of admission, a psychiatrist must examine the patient, the Superintendent or facility director shall notify the court in the county in which the facility is located of the admission, and the patient shall be informed of his rights. Within 5 days, the patient must have an informal meeting with the judge. If either the judge or the patient requests a hearing at that point it must be scheduled within 5 days. At any time prior to the expiration of 60 days, the patient - by oral or written request - or through any relative, friend, or interested person, may request a hearing which must be scheduled within 5 days of

receipt of the request. If no one requests a hearing within 60 days, the Superintendent must apply to the court for an order authorizing continuing hospitalization.

The DCFS worker may be requested to submit information concerning
// the ward to the Mental Health facility/hospital psychiatric ward.

However, the release of any information from the DCFS record pertaining to a person 18 years of age or older shall comply with the DCFS confidentiality rule and the DMHDD Confidentiality Act.

The authorized agent if not previously apprised of the situation shall be notified immediately when these procedures for admission
// have been completed. When a ward age 18 and over is admitted to a Mental Health facility/hospital psychiatric ward, the responsibilities of the DCFS worker are the same as for wards under age 18.

D. Children Under Age 18 Under Temporary Custody

Wards receiving care and service via a court order of temporary
// custody may need treatment and care in a Mental Health facility/ hospital psychiatric ward. If the court order does not empower the Guardianship Administrator to consent to major medical, surgical, and psychiatric treatment, the DCFS worker shall request a supplementary order from the court granting the Guardianship
// Administrator this authority or shall obtain consent from the child's parent/legal guardian. The authorized agent may not consent to the administration of psychotropic medications unless the court has granted the right to consent to major medical care.

E. Children Under Age 18 Accepted for Care Via Voluntary Placement Agreements

When a child receiving care and service from the Department via Form CFS 444, Voluntary Placement Agreement, is in need of
// treatment and/or care in a Mental Health facility/hospital psychiatric ward, the DCFS caseworker shall obtain the necessary consent from the parent. Admission to a facility requires the parent's signature on Form 79-MH-6 Application By An Adult For The Admission of A Minor. If the parent refuses to consent, the caseworker should consider seeking wardship pursuant to the Juvenile Court Act.

II. ADMISSION OF WARDS UNDER 18 TO A DMHDD FACILITY FOR THE DEVELOPMENTALLY DISABLED

In the case of a ward under age 18 who needs care in a facility for the developmentally disabled, the authorized agent shall prepare and sign Form 79-DD-1, Application For Administrative Admission and route the form and copies in the same manner as described above for Form 79-MH-6.

Prior to admission, however, the child must receive a complete psychosocial assessment, as required by law, which documents the need for placement in a DMHDD facility. In emergency situations such placement may take place prior to completion of the required assessment. However, the assessment must be completed within 14 days of the emergency admission. (An emergency situation is defined by law as one in which the developmentally disabled person may be expected to inflict serious harm on himself or another in the near future and that immediate admission is necessary to prevent such harm).

If the required assessment indicates that the child is in need of an in-patient developmentally disabled program, the child may either be admitted immediately or placed on a waiting list depending on the availability of space at the facility.

III. RESPONSIBILITIES OF DCFS STAFF UPON ADMISSION OF A WARD TO A MENTAL HEALTH FACILITY OR A FACILITY FOR THE DEVELOPMENTALLY DISABLED

// Pertinent Admission Materials

Upon acceptance of the child by the DMHDD facility, the DCFS worker may be requested to submit the following to the facility:

- o Social History
- o Medical Record and History
- o Psychological Evaluation, if available
- o Psychiatric Evaluation, if available
- // o A copy of the court order granting custody or guardianship to the Department (DCFS).
- o Other information as required by the facility.

// Upon admission of a ward to a facility/hospital psychiatric ward, the DCFS worker is responsible for the following:

- o Notifying the court of jurisdiction and the authorized agent when the placement is actually made.

- o Providing continuing service to the family of the ward and sharing
// information with the facility/hospital on work with the family.

// o Visiting the ward in the facility at reasonably frequent intervals.

// o Participating in joint staffings with facility/hospital staff.

// o Reevaluating the ward's continuing need for care in the facility with DMHDD/hospital staff at the initial treatment plan staffing after admission, the 10 day staffing, and then every 30 days thereafter. In the facility for the retarded, an evaluation to determine continuing need for care is made at least once annually. If the Department disagrees with the treatment plan, the Department may appeal the plan.

// o Furnishing or arranging for the provision of clothing and personal allowance, as needed, in accordance with the facility's/hospital's requirements.

// o Planning with the facility/hospital for visits by parents, relatives, or friends.

o Providing, on a monthly basis to the authorized agent, a completed form CFS 477, Status Report for Wards in Mental Health Placement. Most hospital psychiatric wards do not have a reporting process to DCFS.

o Admission to a DMHDD facility for the mentally retarded has the strong presumption of long-term custodial care and treatment. When a ward under guardianship (no adoptive rights) has a parent living in Illinois who is competent and willing to handle the minimal parental responsibilities required in such cases, the DCFS worker shall submit to the authorized agent form CFS 440-A, Recommendation for Release from Guardianship, with sufficient information to justify the request.

o Authorized agents of the guardian shall exercise the same powers and duties as are applicable to children under the care and supervision of a regional/field office of the Department.

// o With regard to medical consents for wards under age 18, placed in a DMHDD facility, the authorized agent shall sign a CFS 415, Permit for Examination and Routine Medical Treatment, which allows the Department of Mental Health and Developmental Disabilities to provide ordinary medical care. However, the consent of the authorized agent of the Guardianship Administrator must continue to be sought when there is a major medical, psychiatric, or surgical procedure in question. (Any procedure which involves hospitalization, surgery, the use of anesthesia, or the administration of psychotropic medications is considered major medical care.)

o Guardianship must automatically terminate, by law, when a ward reaches age 21. However, when wards are 17½ years old, a referral should be made to the Guardianship and Advocacy Commission for transfer of Guardianship.

IV. // REQUIRED WRITTEN NOTIFICATION TO THE LEGAL ADVOCACY SERVICES OF ILLINOIS PURSUANT TO THE LEE-WESLEY AMENDED ORDER (COOK COUNTY WARDS ONLY)

A. Applicability of These Procedures

These procedures apply only to in-patient admissions, to public or private mental health or developmental disabilities facilities, of children for whom DCFS has full legal guardianship rights through the Juvenile Court of Cook County. If a child for whom DCFS has only temporary custody or voluntary placement responsibility is admitted, his/her parents or legal guardians retain sole authority to secure Legal Advocacy Services or Illinois attorney to

represent the child (unless otherwise ordered by court or the child obtains legal counsel on his/her own initiative). These procedures do not apply where there is no Juvenile Court guardianship commitment to DCFS and the child is being served under a voluntary surrender.

B. Notifying Legal Advocacy Services

1) Upon admission to a facility of a youth, under age 18, for whom the Department has guardianship, the authorized agent of the Guardianship Administrator who consented to such admission shall notify (in writing) the Legal Advocacy Services of Illinois (a division of the Guardianship and Advocacy Commission and hereinafter referred to as "LAS") of such admission and appoint a LAS attorney to represent the individual, personal legal interests of the ward. Such notification and appointment must occur within 24 hours of the ward's admission, excluding Saturdays, Sundays or
// holidays. Send the notice to:

Legal Advocacy Services of Illinois
Guardianship and Advocacy Commission
527 South Wells, Suite 300
Chicago, IL 60607

// 2) If LAS appoints an attorney not employed by LAS to represent the ward, LAS shall advise DCFS Legal Counsel, DMH/DD, and the parent or guardian regarding the appointed representative. If a ward has a private attorney or does not want LAS to represent him, LAS shall advise DCFS in writing that LAS declines the appointment.

3) When appointment and notification are made, the authorized agent of the Guardianship Administrator shall authorize the treating facility to release all mental health records concerning the ward to LAS to facilitate its individual representational efforts.

4) CFS 439, Appointment of Attorney/Consent For Release of Mental Health Information, shall be used for notification, appointment of a LAS attorney and release of information.

// 5) The authorized agent shall send a copy of the CFS 439 to the facility director, the ward, and his/her parents (if known to DCFS and if their rights have not been terminated) advising them of the appointment of a LAS attorney.

// C. Notifying the Office of the Public Guardian

The authorized agent shall send a copy of the CFS 439 to the Office of the Public Guardian notifying them of the admission of a child in the Department's custody or guardianship to a mental health facility or a facility for the developmentally disabled. This copy shall be sent within 24 hours of the ward's admission,

excluding Saturdays, Sundays, and holidays. Send the copy of the CFS 439 to:

Office of the Public Guardian
Court of Cook County - Juvenile Division
1100 South Hamilton
Chicago, IL 60612

D. Self Admission of 16 or 17 Year Olds

If a youth 16 or 17 years old for whom the Department has guardianship exercises his/her right of self-admission to a mental health or developmental disabilities facility, the authorized agent of the Guardianship Administrator shall provide notification and appointment of an LAS attorney within 24 hours of learning of // such admission, excluding Saturdays, Sundays, and holidays, using form CFS 439. The authorized agent shall send a copy of the CFS 439 to the facility director, the ward, and his/her parents (if known and their rights have not been terminated) advising them of the appointment of a LAS attorney.

E. Self-Admission of Youth 18 Years of Age or Older

1) If a ward 18 years of age or older exercises his/her right of self-admission to a mental health and developmental disability facility/hospital psychiatric ward or is admitted involuntarily by petition, the authorized agent of the
// Guardianship Administrator shall, within 24 hours of learning of such admission, excluding Saturdays, Sundays, and holidays, notify and appoint a LAS attorney per procedures specified in B, 1) above. If admission of the ward is upon petition of Department personnel, the person executing the petition shall immediately notify the authorized agent of the Guardianship Administrator.

2) The authorized agent of the Guardianship Administrator shall notify the child welfare worker of the ward's admission. It then becomes the child welfare worker's responsibility to apprise the ward of his/her right to decide whether to consent to release of records. If the ward is incapable of making a decision regarding consent, the authorized agent of the Guardianship Administrator shall execute the consent for the ward.

3) The authorized agent of the Guardianship Administrator shall send a copy of the LAS notification and appointment (CFS 439) to the ward and the facility director. Notification of other persons shall be at the discretion of the ward unless the ward is incapable of making such decision in which case the authorized agent of the Guardianship Administrator shall notify the (unterminated) parents of the ward.

F. Restriction of a Ward's Rights

The authorized agent of the Guardianship Administrator shall immediately notify LAS of receipt of notice of restriction of the rights of a ward in a mental health or developmental disabilities facility when the ward is being legally represented through LAS.

G. DCFS Assistance to Wards to Utilize LAS

All DCFS Personnel shall assist any ward who requests the services of LAS in contacting that organization or the lawyer appointed to represent the ward, and shall supply each ward and his parents or guardian with a copy of the description of services supplied by Legal Advocates. LAS will notify DCFS whenever any ward exercises his/her right to decline legal representation by LAS.

H. Questions Concerning These Procedures

Please direct any questions respecting implementation of these procedures to DCFS Legal Staff at (312) 793-3689.

V. RELEASE OF WARDS FROM MENTAL HEALTH FACILITIES/HOSPITAL PSYCHIATRIC WARDS

A. Children Assigned to DCFS for Temporary Custody

When joint planning indicates that discharge from the facility is indicated and the Department's authorization for placement is a Form CFS 444, Voluntary Placement Agreement, the child's release from the facility requires the parent's signature on Form DMHDD 20-1, Discharge Summary. In the event the parent cannot be located or for some reason is unable to sign the discharge form, the appropriate authorized agent should be contacted and will sign the form.

When joint planning indicates that discharge from the facility is indicated and the Department's authorization for placement is a temporary court order specifying power to consent to major medical, surgical, and psychiatric treatment, the appropriate agent should be contacted and will sign the discharge form. The court must be notified of the discharge.

B. All Children for Whom DCFS Holds Guardianship by Court Order

When joint planning indicates that discharge from the facility is indicated and the Department holds court-ordered guardianship, the appropriate authorized agent shall be notified and will sign form DMHDD 20-1 Discharge Summary, for all wards under age 18. If the ward is age 18 or older he must sign his own discharge form. Copies of the form signed by the older ward shall be provided to the authorized agent and the child's worker. Also, the court of jurisdiction shall be notified of the discharge within 7 days.

C. Wards, Age 12 and Older, Who Sign Themselves Out of Mental Health
// Facility/Hospital Psychiatric Ward

By court order and Department of Mental Health and Developmental Disabilities Regulations, minors age 12 and older who are admitted
// to Mental Health facilities/hospital psychiatric wards by the voluntary request of a parent or guardian must be advised of their
// right to sign themselves out of a Mental Health facility/hospital. If a Department ward exercises this option, and if the Department or the facility does not initiate an involuntary commitment
// proceeding pursuant to the Mental Health Code, the minor must be discharged from that facility within 15 days, excluding Saturday, Sunday, and holidays.

// In the event that a Department ward signs himself out of a facility and neither the Department nor the facility initiate an involuntary commitment proceeding, it becomes the responsibility of the ward's caseworker to develop and implement alternate placement/treatment plans which best meet the needs of the individual ward. The authorized agent shall be immediately informed when a ward demands release from the facility, and shall be kept advised of subsequent plans and developments. The court of jurisdiction shall be notified within 7 days of the ward's release from the facility.

D. Discharge of Ward by the DMHDD Mental Health Facility

Before a DMHDD Mental Health facility can discharge a DCFS ward, the facility must give written notice to the ward's guardian (DCFS) and to the ward himself, if the ward is 12 years old or
// older, and to the ward's attorney, if any. The notice must offer a rationale for the discharge and advise that the guardian and the ward (if 12 years old or older) have a right to object to such discharge. This notice must be given at least 7 days prior to the
// date of intended discharge. The discharge will be scheduled to occur no sooner than 7 days and no later than 30 days after the date of the discharge notice.

If the child's worker does not believe that the discharge is in the best interests of the child, the worker shall immediately contact the authorized agent who consented to the admission. A written objection shall be submitted immediately by the authorized agent to the director of the mental health facility where the child is located. Upon receipt of the objection, the facility director shall promptly schedule a hearing to be held within 7 days at the facility. No discharge shall proceed pending the hearing, unless the Department consents to the discharge or transfer pending the outcome of the hearing.

At the hearing, which is conducted by a utilization review committee at the facility, the mental health facility shall have the burden of proving that the ward meets appropriate discharge standards. Such standards must include the determination that the
// ward is not currently in need of mental health hospitalization,

that the child cannot benefit from inpatient treatment, and that a less restrictive alternative is appropriate.

If the child's worker feels that the child is currently in need of mental health hospitalization, the worker shall present testimony to that effect at the hearing.

Within 3 days of conclusion of the hearing, the utilization review committee shall submit its written recommendations to the facility director. A copy of the recommendation shall be given to the guardian and the ward (if 12 years or older).

Within 7 days of receipt of the recommendation from the utilization review committee, the facility director shall give written notice to the guardian and the ward of his acceptance or rejection of the recommendation. If the child's worker disagrees with that decision, the worker shall immediately notify the authorized agent who may then demand a review of the decision by the Director of DMH/DD.

Although the decision of the Director of DMH/DD is final, DCFS still has a right to insist upon a thoughtful discharge plan by
// citing 53 Ill. Adm. Code 125, Discharge, Linkage, and Aftercare.

E. Transfer of Ward by the Mental Health Facility

The same procedures as described above for Discharge are to be followed for appealing a transfer of a ward, when the child's worker believes that the transfer is not in the child's best interest. In the case of transfers, however, the facility
// director must give written notice to the guardian, the ward (if 12 years or older), and the ward's attorney, if any, at least 14 days before the transfer if the ward has been in the facility for more than 7 days.

The facility may transfer a ward in an emergency without prior notice when the health of the ward or the physical safety of the ward or others is imminently imperiled and appropriate care is not available where the ward is located. In such an instance, notice of the transfer shall be given as soon as possible but not more than 48 hours after the transfer.

VI. APPLICATION FOR MEDICAL ASSISTANCE FOR WARDS PLACED IN DMHDD FACILITIES

When a child for whom the Department has legal responsibility has been placed in a DMHDD facility, the child's eligibility under Category 98 (MANG) continues until the child reaches age 19 or becomes ineligible due to some other factor (e.g., income).

When the placement in a DMHDD facility is expected to continue past the child's nineteenth birthday, the DCFS worker responsible for the child must go to the local Department of Public Aid office serving the county in which the DMHDD facility is located to file an application for MANG-Disability (DPA Category 93) or MANG-Blind (DPA Category 92) on

behalf of the child. In Cook County, applications are to be filed at the Nursing Home District Office.

DCFS staff are to take the following steps when applying for MANG(D) or MANG(B):

1. Obtain the signature of the child's parent, guardian or custodian on Form DMHDD 146, Authorization for Release of Information, when the Department's legal relationship with the child is by means other than court ordered guardianship. When the Department has guardianship the authorized agent shall sign form DMHDD 146 in the following manner: (name of) Guardianship Administrator by (authorized agent's name). Form DMHDD 146 enables DPA staff to have access to medical and financial records at the facility necessary to determine eligibility for MANG(D) or MANG(B).

2. Go to the DPA local office serving the county in which the facility is located taking completed DMHDD 146, information concerning the child's income/assets (SSA, SSI, VA/trust funds, etc.), parental information, birth verification and request DPA 560, Request for Public Aid for Aged, Blind or Disabled, for completion.

3. Take necessary action to change the CYCIS data information regarding the child when the circumstances change.

The DPA local office will determine eligibility for MANG(D) or MANG(B) and authorize the child if eligible. If the child was previously authorized for MANG-Category 98, the Category 98 case will be cancelled by the Eligibility Unit when the Category 92 or 93 is authorized or the child turns 19.

When Category 92 or 93 eligibility has been established for a ward in a DMHDD facility the DCFS worker is responsible for initiating an application for Supplemental Security Income (SSI) for the youth (refer to procedures 351). Additionally, the DCFS worker shall notify the DPA office of any change in circumstances (e.g., replacement change in resources) concerning the youth and shall cooperate with DPA staff in redetermining the child's eligibility for MANG(B) or MANG(D).

APPENDIX D - FORM LETTER

Corporal Punishment of Department Wards

To: (District Superintendents)
(Principals)
(School Personnel)

RE: (Ward's Name)
BD: (Ward's Birthday)

Attention:

As Legal Guardian/Custodian of the above named student and pursuant to the Rules and Regulations promulgated in the Illinois Program for Evaluation, Supervision and Recognition of Schools (Document #1 - State Board of Education), I am hereby notifying you that corporal punishment may not be administered to the above named student. Please make this formal notification a part of the student's permanent school record.

If you have any questions regarding this matter, please feel free to contact me at:

(Insert Regional or Field Office Name)
(Insert Address)
(Insert City, State Zip)

(Insert Phone Number)

Sincerely,

_____
Date

_____
Guardianship Administrator

By: _____
Authorized Agent
Assistant Guardianship Administrator

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Request for Approval of HIV Screening

Child's Name _____ Birth date _____

ID Number _____

Parent's Name _____

Address _____

_____

ID Number _____ Phone _____

Case Opening Date: _____ Permanency Goal: _____

Court Adjudications:

Date: Type:

Date: Type:

Major medical consent authority? Yes _____ No _____

Has the court been advised that
HIV screening is being considered? Yes _____ No _____

Indicated child abuse/neglect reports

Date Indicated: Allegations:

Date Indicated: Allegations:

Date Indicated: Allegations:

Date Indicated: Allegations:

Name, Address and Phone Number of Current Placement:

Brief History With the Department: (Attach family assessment.)

Basis for request:

Brief history of high-risk behaviors (when they started, how frequent, have any treatment/services been provided). If virus may have been transmitted via sexual abuse give best available information on contact's history. If virus may have been been transmitted perinatally, give parents' history. Do they have AIDS, AIDS related complex (ARC)?

Have any known sexual or needle contacts of this child tested positive or exhibited symptoms normally associated with AIDS or AIDS Related Complex?

YES _____ NO _____ UNKNOWN _____

Which type of contacts?

What is the child's attitude toward screening and AIDS? Has the child been counseled? If so, by whom? Is the child, if 12 years of age or older, in agreement with being screened?

Is child exhibiting any symptoms indicative of AIDS or AIDS Related Complex?

_____ Extreme Tiredness

_____ Continued Fever or Night Sweats

_____ Swollen Glands in the Neck, Armpits, or Groin

_____ Purple or Discolored Growths on the Skin or Mucous Membranes (Inside the Mouth, Anus, or Nasal Passages)

_____ Continuous Bouts of Diarrhea

_____ Unexplained Bleeding From Any Body Opening or From Growths on the Skin or Mucous Membranes, Bruising More Easily Than Usual

_____ Bouts With Pneumonia

_____ Headaches, Dizziness, or Light-headedness

_____ Weight Loss of More Than 10 Pounds Which is Not Due to Dieting or Increased Physical Activity

_____ Heavy, Continual Dry Cough

_____ Thrush, a Thick Whitish Coating on the Tongue or in the Throat Which May Be Accompanied by Sore Throat

_____ Progressive Shortness of Breath

_____ Progressive Neurological Disorder

Has the child, parents, foster parents, or child care facility requested screening? If so, what were the circumstances?

If the child is a female, is she pregnant? Due date _____

Has a physician recommended screening? If so, what were the circumstances? Give the physician's name and phone number.

_____
Worker's Name Phone Number

Consultation

Date conferred with Department's medical consultant:

Consultant used:

Consultant's recommendations:

Decision

Screening approved: _____

Screening NOT approved: _____

Other recommendations or instructions:

_____
Guardianship Administrator

_____
Date

CRITERIA FOR APPROVAL OF REQUEST FOR HIV SCREENING

The following criteria shall be used when evaluating each request for HIV screening:

1. Does the Department have the legal authority to consent to HIV screening? If not, will the court provide such consent authority?

2. The likelihood of HIV infection is high or extremely high. (For adoptive placements, the likelihood of HIV infection only needs to be moderate.)

3. Is there a health risk if the child is not screened? Health risks are recognized for:

   - o infants and toddlers--due to childhood diseases and the need for immunizations
   - o pregnant girls--risk to fetus
   - o youth or adolescents who are exhibiting symptoms of AIDS or AIDS related complex

4. What are the physician's recommendations for this child?

5. Does a youth 12 years of age or older want to be screened? What is the probable impact on the child's behavior if the test is positive?

6. Is adoption a possibility for this child?

7. Are there other recommendations from the Centers for Disease Control which need to be considered?

Request for Approval of
Placement or Day Care
for HIV Infected Child

Child's Name _____ Age _____

ID Number _____ Permanency Goal _____

Current Placement: _____
Check one: Name

☐ Foster Care _____
Address

☐ Day Care _____
City State ZIP

☐ Residential Care ____ _____
Area Code Phone Number

☐ Other

Prospective Placement: _____
(if same, write same) Name

☐ Foster Care _____
Address

☐ Day Care _____
City State ZIP

☐ Residential Care ____ _____
Area Code Phone Number

☐ Other

Brief explanation of child's medical condition and suspected mode of infection:

Give reasons for the choice of this caretaker.

<u>Residential care only</u>:

Provide name and location of medical resources for this child (i.e. knowledgeable physician, hospital, dentist). Give approximate distance from placement to these resources.

Date prospective caretaker advised of child's condition: _____

☐ Given AIDS Informational Packet By whom _____ Date _____

☐ Caretaker discussed child's condition and limitations of placement with attending physician.

Date _____ Telephone _____

In-person _____

Names, ages, and behaviors or special conditions of other children in home/ setting:

Physician's recommendation regarding placement/day care:

Decision:

_____ Placement approved

_____ Placement NOT approved

Other recommendations or instructions:

_____
Supervisor of Field Services/
Site Administrator's Approval

_____
Date

cc: Office of Guardianship Administrator

CRITERIA FOR APPROVAL OF PLACEMENT OR DAY CARE FOR AN HIV INFECTED CHILD

The following criteria shall be used when evaluating each request for placement or day care services for an HIV infected child.

1. Is the placement/day care resource able to meet the child's medical needs? Willing to be trained on how to care for this child?

2. What are the ages, health status, and behaviors of other children in the home/facility?

3. What is the age, health status, and behavior of the infected child? How do these affect the likelihood of transmission of diseases?

4. What are the physician's recommendations for this child?

5. Are appropriate medical resources available at this placement/day care facility?

6. Does this placement/day care setting help this child achieve his/her permanency goal?

7. Are there other recommendations from the Centers for Disease Control which need to be considered?

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327. APPENDIX F – IMMIGRATION/LEGALIZATION SERVICES FOR FOREIGN BORN DCFS WARDS

a) Purpose

Revised Procedures 327, Appendix F provide staff with information and instructions regarding application for immigration/legalization services for foreign-born DCFS wards.

The DCFS Immigration Services Unit (ISU) is responsible on a statewide basis for assisting staff with acquiring adjustment of legal status for foreign-born children who are under the guardianship of the Department of Children and Family Services. Under federal provisions, the child/youth must be placed in a substitute care living arrangement and have a permanency goal other than Return Home to be deemed eligible for immigration/legalization services.

Immigration and Legalization Services provided include:

- legal permanent resident (LPR) status for foreign-born children and youth;
- citizenship status for qualified youth who are permanent residents;
- replacement of permanent resident cards;
- refugee status adjustment, stay of deportation, asylum or removal of conditional status; and
- assistance in obtaining birth documents from foreign counsels/embassies.

b) Definitions

"Citizenship" means legal residency in the United States by birth or through a legalized process via an authorized agency in the United States

"Civil Surgeons" means medically trained, licensed and experienced doctors practicing in the U.S. who are certified by United States Citizenship & Immigration Services. These medical professionals receive U.S. immigration-focused training in order to provide examinations as required by the Center for Disease Control and Prevention (CDC) and United States Citizenship & Immigration Services (USCIS).

"Entry document(s)" means an approved travel document(s) in the USCIS form I-94, Arrival/Departure Record, passport or visa which is issued by the country of nationality, last country of residence or the country to which the individual wishes to enter.

"Foreign-born child" means any child who was born **outside** of the United States or any commonwealth or territory (e. g. Puerto Rico) of the United States.

"I-360 Petition" means a form used by the United States Citizenship & Immigration Services to classify an undocumented ward as a Special Immigrant Juvenile (SIJ), making them eligible to apply for Lawful Permanent Residency.

"I-485 Application" means the United States Citizenship & Immigration Services' form used to apply for Lawful Permanent Resident status.

"Immigration Services Coordinator" means the individual who is responsible, on a statewide basis, for coordinating immigration and/or legalization services for a child who is under Department guardianship.

"Lawful Permanent Resident" (LPR) means any person who is not a citizen of the United States and who is residing the in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant. Also known as "Permanent Resident Alien," "Resident Alien Permit Holder," and "Green Card Holder."

"Legal Status Adjustment" means **t**he process by which a foreign-born person in the United States obtains Lawful Permanent Resident (LPR) status.

"Naturalization" means the process by which U.S. citizenship is conferred upon a foreign citizen or national after he or she fulfills the requirements established by Congress in the Immigration and Nationality Act (INA).

"Permanent Resident Card", commonly known as a Green Card, is evidence of a person's status as a lawful permanent resident with a right to live and work permanently in the United States. It also is evidence of their registration in accordance with United States immigration laws. The Legal Permanent Resident Card is also called USCIS Form I-551.

"Special Immigrant Juvenile Status" (SIJS) means an immigration status that may be available to a child who is a dependent of the juvenile court and meets other United States Citizenship & Immigration Services requirements.

"Undocumented resident" means a foreign-born individual who is residing in the United States without permission or authorization from the United States Citizenship and Immigration Service or the State Department.

"United States Citizenship & Immigration Services" (USCIS), formerly INS, means**,** the federal agency operating under the Department of Homeland Security which is responsible for the administration of immigration and naturalization adjudication functions and establishing immigration services policies and priorities. Included among the immigration benefits the United States Citizenship & Immigration Services oversees are: citizenship, lawful permanent residency, family- and employment-related immigration, employment authorization, inter-country adoptions, asylum and refugee status, replacement immigration documents, and foreign student authorization.

c) Special Immigrant Juvenile Status and Legal Permanent Residency

1) Eligibility, Identification and Referral

A) Eligibility

In accordance with federal provisions, an undocumented child may be for eligible for legal status adjustment when he/she:

- is under 21 years of age;
- is unmarried;
- is declared dependent on a "juvenile court" in the United States while the child is in the United States and under the jurisdiction of the court;
- is deemed eligible for "long-term foster care"(permanency goal other than return home);
- continues to be dependent on the "juvenile court" and eligible for "long term foster care"; and
- has been the subject of judicial proceedings in which it was determined that it is not in the best interest of the minor to be returned to his or her country of nationality or country of last habitual residence.

B) Identification

In an effort to assist both Department and Purchase of Service (POS) staff with the identification of an undocumented or foreign-born child/youth requiring immigration services, the Immigration Services Unit (ISU) has issued a **DCFS ALERT** (See Attachment 1)**.** The ALERT can be used by staff to help determine if the child or youth may require and be eligible for immigration or legalization services, especially for status adjustment as a Special Juvenile Immigrant (SIJS) to become a Lawful Permanent Resident.

The undocumented status of a child or youth is not limited to any specific race or ethnicity. It includes any child or youth of any race that is foreign-born and residing without a legal status in the United States.

C) Referral

The caseworker must complete the SIJS Referral Form (CFS 1016) and submit it to the Immigrations Services Unit:

- E-mail: Immigration@illinois.gov ; or
- Fax: 312-793-3546 ; or
- Mail: 17 North State Street, 7th FL, Chicago, IL 60602.

After the referral information has been received and reviewed by ISU, the caseworker will be contacted and notified of the initial assessment of the child's eligibility for SIJS.

If the review determines that the child may be eligible for SIJS, then the caseworker will be asked to fax or mail to the ISU a copy of the following documents:

- Adjudication order
- Disposition order
- Permanency order
- Recent social history or Integrated Assessment.
- Child's birth certificate*
- Immunization record**

***The child's identity should be verified by a birth certificate or a baptismal record, the child's school records, if applicable or health records. When the birth certificate of a foreign-born child is not available, Immigration Services Unit staff will contact the Consulate of that child's country of birth to request assistance in obtaining the child's birth record or an official "identity document".*

*** The immunization record will be sent by ISU to the DCFS nurse for review. The DCFS nurse will notify ISU and the caseworker if additional shots are required prior to the official USCIS exam.*

2) Petition and Lawful Permanent Resident Application

ISU staff will send a referral to the DCFS Office of Legal Services or Guardian ad Litem (GAL) to request scheduling a court date to obtain a SIJ Court Order; to assist in having the child's foreign birth document translated and notarized; and to obtain a waiver signed by the DCFS Guardian of the United States Citizenship & Immigration Services filing fees.

ISU staff will send the caseworker (via E-mail or fax) the following forms for completion and to obtain the signature of youth age 14 or older. These forms are also available on the USCIS website at www.USCIS.gov:

- I-360 - Petition for Amerasian, Widow(er), or Special Immigrant
- I-485 - Application to Register Permanent Resident or Adjust Status*
- G-325 -Biographical Information (Youth age 14 and older)
- I-765 – Employment Authorization Document (Youth age 15 and older)

*The caseworker shall fully explain all sections of the application to the child as well as the importance of answering all questions truthfully. The caseworker does **not** sign the form. The guardian's signature for a child under age 14 will be obtained by ISU staff through an Authorized Agent of the DCFS Guardian. A copy of the completed forms must be mailed to ISU because only original signatures will be accepted by USCIS.

3) Filing with United States Citizenship & Immigration Services

When the Special Immigrant Juvenile Status court order is received from Juvenile Court, ISU staff will file the following documents at the Chicago District USCIS office:

- a completed and signed I-360 (Petition);
- a completed and signed I-485 (Application);
- a completed and signed G-325 (Biographical Data - Youth age 14 and older);
- a completed and signed I-765 (Employment Authorization - Youth age 15 and older seeking employment);
- an original translation and notarization of the birth document and a copy of the foreign birth document or identity document;
- the original signed SIJS court order; and
- copies of the court orders for adjudication, disposition and permanency.

4) Approval & Notification

Upon approval of the SIJS Petition, the District USCIS office will send a Notice of Approval (I-171) to ISU, with an Alien Registration number **(referred to as the "A" number)** for the DCFS child/youth. The assigned caseworker will be notified by telephone and/or email upon ISU's receipt of the USCIS approval notice.

5) Medical Examinations, Photos & Fingerprints

A) Medical Examinations

All applicants, regardless of age, are required to have a medical examination completed by a **Designated Civil Surgeon** (Physician –See Definitions). ISU staff will provide the caseworker with a list of Designated Civil Surgeons closest to the child's home. This list is also available on the USCIS website, www.USCIS.gov, which can be searched by the child's zip code.

Workers must take the required medical exam forms, I-693 and I-693 Supplemental to the appointment because the Designated Civil Surgeon may not have them at the office. The medical provider/clinic is to return the completed forms I-693 and I-693 Supplemental to the worker in a **sealed** envelope that is to remain sealed until submitted to the USCIS Officer at the time of the child/youth's interview.

Please note: Immigration physical exams are not covered by the child's medical card. Once the provider has been selected and the cost for the examination has been established, the caseworker must notify ISU. At the ISU's request, a check will be mailed directly to the provider. It typically takes two weeks for the provider to receive the check after which time, the exam can be scheduled.

B) Photos

Three colored photos of the child or youth taken within thirty days of filing the application must be submitted at the time the child is interviewed by a USCIS officer. These passport-style photos must be 2" x 2", be printed on thin paper with a glossy finish, and be un-mounted and un-retouched. The photos must be in color with full face, frontal view on a white to off-white background. Head height should measure 1" to 1 3/8" from top of hair to bottom of chin, and eye height is between 1 1/8" to 1 3/8" from bottom of photo. The child/youth's head must be bare unless he or she is wearing a headdress as required by a religious order of which he or she is a member.

Photos can be obtained at most providers of passport photos.

C) Fingerprints

Applicants age 14 and older are required to be fingerprinted at a facility designated by USCIS (Application Support Center - ASC)). Within a few weeks of sending ISU the Notice of Approval (I-171), the District USCIS office will also send a notice to ISU for the youth (14 and older) to appear for fingerprinting. ISU will notify the caseworker and assist in scheduling the youth for the appointment. The youth is required to bring **two** forms of photo ID to the fingerprinting appointment. ISU can assist the youth in obtaining one photo ID via the DCFS Office of Employee Services.

If the youth has ever been arrested or detained by any law enforcement officer for any reason, and charges were filed, or if charges were filed against them without an arrest, the caseworker must provide ISU with an original or court-certified copy of the complete arrest record and/or disposition for each incident (e.g. dismissal order, conviction record **or** acquittal order).

6) Interview

Within one week of the child/youth completing the requirements for the medical examination, photos and fingerprinting, ISU will schedule an interview for the child/youth with a USCIS officer. The interview will be scheduled in collaboration with the child/youth, the caseworker and the foster parents. Applicants age 14 or older must bring two forms of photo ID to the interview. ISU staff will assist the caseworker in preparing the child/youth for the interview, emphasizing the importance of answering all questions truthfully. If approved, the USCIS officer will request issuance of the I-551, Legal Permanent Resident Card (LPR). The caseworker should inform the child/youth that it may take several months to receive the card. The LPR card is valid for 10 years and must be renewed prior to expiration. (See below, Section d, Replacement of LPR Card, if child receives card prior to 14th birthday.)

7) Social Security Card

Once the LPR card is received, the caseworker should immediately apply for the child/youth's Social Security Card. Social Security Administration (SSA) provides that if a child is physically and mentally capable of reading and completing Form SS-5, a child of any age may sign the SS-5 form on his/her own behalf. Therefore, if the child/youth meets these requirements, the caseworker can take the child/youth directly to a Social Security office to apply for the Social Security card. SSA requires the LPR card (I-551) and current medical card as verification of identity (original documents only). If the child/youth is unable to sign the SS-5 application, ISU will assist in obtaining the Social Security card.

d) Citizenship

A youth may qualify for US citizenship via naturalization when the youth has been a Legal Permanent Resident of the United States for FIVE YEARS, and the youth is age eighteen (18) or older.

The general requirements for administrative naturalization include:

- A period of continuous residence and physical presence in the United States;
- Residence in a particular USCIS District prior to filing;
- The ability to read, write, and speak English;
- A knowledge and understanding of U.S. history and government;
- Good moral character;
- Attachment to the principles of the U.S. Constitution; and,
- A favorable disposition toward the United States.

The worker must send a referral to the ISU on a completed CFS 1016, along with a copy of the youth's LPR Card or the Alien number (if the LPR card is not immediately available).

The N-400, Application for Naturalization, must be completed for filing with the USCIS, along with the required documents and fees. An applicant must have at least one additional piece of identification along with the Legal Permanent Resident card for submitting to USCIS and two color photos as specified in accordance with USCIS standards.

An N-400 application for US citizenship must contain the signature of the applicant (youth) before it can be submitted to the USCIS for processing.

After the worker has submitted the Form N-400, USCIS will notify the worker of the time and place the child/youth must report for biometric services.

e) Replacement of Legal Permanent Resident Card

A child/youth must replace his or her Legal Permanent Resident card if:

- The previous card was lost, stolen, mutilated, or destroyed;
- The previous card expired 10 years after the date of issue;
- The card was issued before the child/youth was 14 and he or she has now reached his or her 14th birthday;
- The card contains incorrect data;
- The child/youth's name or other biographic information on the card has been legally changed since the card was initially received; or,
- The previous card that was issued by the USCIS was never received.

If any of the above conditions are met, the caseworker must fax a copy of the original card to ISU to initiate the process. ISU will e-mail the caseworker a copy of the Application to Replace Legal Permanent Resident Card (I-90). This form is also available on the USCIS website at www.USCIS.gov. The caseworker must complete the form and obtain the signature for any youth age 14 or older. **The guardian's signature for a child under age 14 will be obtained by ISU staff through an authorized agent of the DCFS Guardian.**

The worker must mail the completed forms along with the original LPR card to the DCFS Immigration Services Unit because original signatures are required by USCIS. ISU will file the case with USCIS and will receive notice of an appointment for the child/youth to appear for fingerprints at a local USCIS ASC center. If the youth does not have a copy of the original LPR card and he or she is 18 years or older, the youth must bring an identity document, such as a driver's license, passport or a copy of another document containing their name, date of birth, photograph and signature to the fingerprint appointment. Photographs will be taken of the child/youth while they are at the local USCIS ASC center.

When the fingerprints clear, the USCIS officer will request issuance of the Legal Permanent Resident Card (I-551). The caseworker should inform the child/youth that it may take several months to receive the card.

f) Refugee Status Adjustment

DCFS and POS workers and supervisors should contact the ISU at (312) 814-8600 for assistance.

g) Stay of Deportation, Asylum or Removal of Conditional Status

DCFS and POS workers and supervisors should contact the ISU at (312) 814-8600 for assistance or by e-mail to immigration@illinois.gov.

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GUARDIANSHIP SERVICES
IMMIGRATION/LEGALIZATION PROCESSES
May 16, 2008 – P.T. 2008.10

IMMIGRATION SERVICES ALERT

It is critical for DCFS and POS workers to correctly determine a foreign-born child's legal status in the United States. Failure to do so may result in the loss of benefits and services that the child is otherwise eligible to receive. If you have a child on your caseload who was not born in the United States, please answer the following three questions:

> Do you have verification/documentation of the child's legal status in the United States, such as a permanent resident card, paroled indefinitely, visa?
>
> Does the child have a Social Security card or a verified Social Security number?
>
> Does the child have a parent who is a U.S. citizen? (Such a child may be eligible for derivative citizenship through birth to a parent who is a U.S. citizen.)

If the answer to all of the above questions is no, this child may be an undocumented resident of the United States. If DCFS has legal guardianship and the child's goal is other than Return Home, the child may be eligible for Status Adjustment to become a Legal Permanent Resident of the United States. Please refer this child to the DCFS Immigration Services Unit (ISU) using the **CFS 1016, Special Immigrant Juvenile Referral Form** which can be found on the templates. If DCFS does not have Guardianship and/or the permanency goal is Return Home, the case must be referred to the ISU when the legal status changes to Guardianship and the goal is other than Return Home.

An assessment of the child's legal status and subsequent status adjustment for an eligible child is crucial for the following reasons:

- Permanency Planning may be disrupted or not competed when the child does not have a Social Security number.
- Adoption Assistance subsidy applications may be delayed or denied without a Social Security number.
- Independence cannot be established as a viable goal because the youth is ineligible for employment or work-study programs without a Social Security number.
- Federal Reimbursement cannot be fully claimed by the Department because certain federal services are not reimbursable for a child who does not have a Social Security number.

A child without documented legal status in the United States cannot obtain a Social Security number. It is in the child's best interest for DCFS and POS workers and supervisors to ensure that the child's "undocumented status" is changed to that of a legal, permanent resident when the child qualifies under the federal provisions. If the child or youth is residing in the United Sates under special provisions or with special permission of the United States Citizenship and Immigration Services (visa, passport, refugee), he or she may also be eligible to become a Legal Permanent Resident.

DCFS or POS workers or supervisors who have questions or would like assistance in determining if a child qualifies for legal Status Adjustment may call 312-814-8600 or send an e-mail to immigration@illinois.gov.

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EMERGENCY CARE PLAN FOR CHILDREN WITH UNDOCUMENTED CAREGIVERS

BACKGROUND

Immigrant families are a large and growing population of the total of all families in the United States. Almost one-fourth of all children and youth in the United States are either immigrants or children of immigrants. As the immigrant population is growing, the numbers in child welfare have also increased slightly. In serving these families, DCFS and POS caseworkers may encounter another dynamic regarding the legal status of immigrant adult caregivers in living in the United States.

PURPOSE

This Section of Appendix F provides guidance for DCFS and POS workers and supervisors working with families who may have the potential to becoming involved in deportation proceedings. It is not the intent of the Department to provide legal advice for these families but rather to provide guidance to assist families (traditional foster care, Home of Relative and biological) in making a care plan for the children in their homes in the event that the caretaker is detained due to his or her undocumented legal status in the United States. Additionally, a list of resources is included at the end of this attachment, which may be given to families when they are developing their care plans.

DEVELOPING A PLAN OF ACTION IF AN EMERGENCY PLACEMENT BECOMES NECESSARY

When assisting families in developing their care plan, caseworkers should review existing policy, which provides the guidelines for developing a plan of action if an emergency placement becomes necessary. DCFS and POS workers with intact or placement cases will ensure families have appropriate child care plans in case of an emergency.

WHAT IS AN EMERGENCY?

For the purpose of this transmittal, an emergency is defined as the death or absence of a parent or foster parent (i.e. car or medical accident, parent detained by law enforcement, victim of a serious crime, etc.). See Procedures 302.387 (b) for additional information.

CASEWORKER RESPONSIBILITIES

Caseworkers must:

1) Have parents or foster parents identify a family member or friend to care for their children in advance in case of an emergency;

2) Tell the parents or foster parents to have the telephone numbers of these identified persons with them at all times and make sure you document this information in the case file;

3) Contact the identified persons to ensure they are in agreement with providing alternative care for the children should an emergency arise; and

4) Identify and utilize appropriate resource services to assist in such situations (staff will provide relevant information from the attached resources list to parents and foster parents as related to their specific needs and situation).

Caseworkers or supervisors who have questions about developing an emergency plan of care may contact the Immigration Services Unit at 312-814-8600 or by e-mail to immigration@illinois.gov.

GUARDIANSHIP SERVICES
IMMIGRATION/LEGALIZATION PROCESSES
May 16, 2008 – P.T. 2008.10

LIST OF RESOURCES FOR SERVICES TO THE IMMIGRANT COMMUNITY

Arab
Arab American family Service
5440 West 87th Street
Burbank, IL 60459 Phone: (708) 229-2314 Fax: (708) 229-2601

Asian
Apua Ghar, Inc.
4753 North Broadway, Suite 632
Chicago, IL 60640 Phone: (773) 334-4663 Fax: (773) 334-0963

Bosnian
Bosnian and Herzegovian American Community Center
1016 West Argyle Street
Chicago, IL 60616 Phone: (773) 274-0044 Fax: (773) 784-2984

Chinese
Chinese American Services League
2141 South Ten Court
Chicago, IL 60616 Phone: (312) 791-0418 Fax: (312) 791-0509

Korean
Korean American Community Services
4300 N. California
Chicago, IL 60618 Phone: (773) 583-5501 Fax: (773) 585-7009

Polish
Polish American Association
3834 North Cicero Ave. Phone: (773) 282-8206 Fax: (773) 282-1324
Chicago, IL 60641

Russian
HIAS / Hebrew Immigrant Aid Society
216 West Jackson, Suite 700
Chicago, IL 60606 Phone: (312) 357-4666 Fax: (312) 855-3291

Vietnamese
Vietnamese Association of Illinois
5110 North Broadway
Chicago, IL 60640 Phone: (773) 728-3700 Fax: (773) 728-0497

DOWNSTATE

East Central Illinois Refugee MAA Center
302 South Birch Street
Urbana, IL 61801 Phone: (217) 344-8455 Fax: (217) 239-0159

ADVOCATES, AGENCIES AND COMMUNITY ORGANIZATIONS PROVIDING BILINGUAL SERVICES TO LATINOS IN ILLINOIS

Archdiocese of Chicago/Hispanic Ministries
1850 South Throop
Chicago, IL 60608
PHONE: (312) 738-1080
FAX: (312) 243-3459
Services: Spanish-speaking services

Cross Cultural Interpreter Services
4753 North Broadway
Chicago, IL 60640
PHONE: (773) 751-4094
EMAIL: ccis@heartlandalliance.org

Heartland Alliance/National Immigrant Justice Center
208 S. LaSalle, Suite 1818
Chicago, IL 60604
PHONE: (312) 629-1960
WEB: www.heartlandalliance.org
FAX: (312) 660-1500
Services: Immigrant rights, housing and healthcare.

Illinois Association of Agencies and Community Organizations (IAACOMA)
28 East Jackson Blvd., Suite 1600
Chicago, IL 60604
PHONE: (312) 663-1522
FAX: (312) 663-1994
Services: Advocacy for Migrants.

Illinois Coalition for Immigrants and Refugee Rights (ICIRR) (statewide)
55 E. Jackson
Suite 2075
Chicago, IL 60604
PHONE: (312) 332-7360 x17
FAX: (312) 332-7044
Services: Advocacy, immigration and citizenship assistance.

Illinois Migrant Council **(statewide)**
28 East Jackson Blvd., Suite 1600
Chicago, IL 60604
PHONE: (312) 663-1522
WEB: www.illinoismigrant.org
FAX: (312) 663-1994
Services: Family Services and assistance for migrants and seasonal farm workers.

Illinois Migrant Legal Assistance Project/LAF **(statewide)**
111 W. Jackson Blvd 3rd floor
Chicago, IL 60604
PHONE: (312) 341-1071
FAX: (312) 341-1041
Services: Legal Advocacy, and migrant legal aid.

Legal Services Center for Immigrants, LAF **(statewide)**
111 W. Jackson Blvd, 3rd Floor
Chicago, IL 60604
PHONE: (312) 341-9180; MAIN (312) 341-1070
EMAIL / WEB: www.lafchicago.org
FAX: (312) 341-1041
Services: Advocacy for immigrant rights and immigration matters.

Mexican American Legal Defense & Educational Fund (MALDEF)
188 W. Randolph, Suite 1405
Chicago, IL 60601
PHONE: (312) 782-1422
EMAIL / WEB: www.maldef.org
FAX: (312) 782-1428
Services: Advocacy, civil rights, educational, public resource, and immigration assistance.

Mujeres Latinas En Acción
1823 West 17th Street
Chicago, IL 60608
PHONE: (312) 226-1544
EMAIL / WEB: www.mujereslatinasenaccion.org
FAX: (312) 226-2720
Services: Advocacy, counseling for battered women & teenagers, parenting classes

United Network for Immigrants and Refugee Rights (U.N.I.R.R.)
1620 W. 18th St.
Chicago, IL 60608
PHONE: (312) 563-0002
FAX: (312) 563-9864
Services: Immigrant rights services.

LISTING OF CONSULATES IN ILLINOIS

Consulate General of Australia
123 N. Wacker Drive, Suite 1330
Chicago, IL 60606
Phone: (312) 419-1480

Consulate General of Austria
400 North Michigan Avenue, Suite 707
Chicago, IL 60611
Phone: (312) 222-1515

Consulate General of Bosnia & Herzegovina
Olympia Center
737 North Michigan Avenue, Suite 810
Chicago, IL 60611
Phone: (312) 951-1245

Consulate General of Brazil
401 North Michigan Avenue, Suite 3050
Chicago, IL 60611
Phone: (312) 464-0246

Consulate General of Bulgaria
737 N. Michigan Avenue, Suite 2105
Chicago, IL 60611
Phone: (312) 867-1905

Consulate General of Canada
180 North Stetson, Suite 2400
Chicago, IL 60601-6714
Phone: (312) 616-1860

Consulate General of Chile
875 North Michigan Avenue, Suite 3352
Chicago, IL 60611
Phone: (312) 654-8780

Consulate General of Colombia
500 North Michigan Avenue, Suite 2040
Chicago, IL 60611
Phone: (312) 923-1197

Consulate General of Costa Rica
203 N. Wabash Avenue, Suite 1312
Chicago, IL 60601
Phone: (312) 263-2772

Consulate General of Ecuador
500 North Michigan Avenue, Suite 1510
Chicago, IL 60611
Phone: (312) 329-0266

Consulate General of El Salvador
104 South Michigan Avenue, Suite 816
Chicago, IL 60603
Phone: (312) 332-1393

Consulate General of France
205 North Michigan Avenue, Suite 3700
Chicago, IL 60601
Phone: (312) 327-5200

Consulate General of Greece
650 North Saint Clair Street
Chicago, IL 60611
Phone: (312) 335-3915

Consulate General of Guatemala
203 North Wabash, Suite 910
Chicago, IL 60601
Phone: (312) 332-1587

Consulate General of Haiti
220 South State Street, Suite 2110
Chicago, IL 60604
Phone: (312) 922-4004

Consulate General of Honduras
4506 West Fullerton Avenue
Chicago, IL 60639
Phone: (773) 342-8281

Consulate General of India
455 North Cityfront Plaza Drive, Suite 850
Chicago, IL 60611
Phone: (312) 595-0405

Consulate General of Ireland
400 North Michigan Avenue, Suite 911
Chicago, IL 60611
Phone: (312) 337-1868

Consulate General of Israel
111 E. Wacker Drive, Suite 1308
Chicago, IL 60601
Phone: (312) 297-4800

Consulate General of Italy
500 North Michigan Avenue, Suite 1850
Chicago, IL 60611
Phone: (312) 467-1550

Consulate General of Japan
737 N. Michigan Avenue, Suite 1100
Chicago, IL 60611
Phone: (312) 280-0400

Consulate General of Mexico
204 S. Ashland
Chicago, IL 60612
Phone: (312) 855-1380

Consulate General of Pakistan
333 North Michigan Avenue, Suite 728
Chicago, IL 60601
Phone: (312) 781-1831

Consulate General of Peru
180 North Michigan Avenue, Suite 1830
Chicago, IL 60601
Phone: (312) 853-6174

Consulate General of Romania
737 North Michigan Avenue, Suite 2105
Chicago, IL 60611
Phone: (312) 573-1315

Consulate General of Serbia and Montenegro
201 East Ohio Street, Suite 200
Chicago, IL 60611
Phone: (312) 670-6707

Consulate General of South Africa
200 South Michigan Avenue, Suite 600
Chicago, IL 60604
Phone: (312) 939-7929

Consulate General of Spain
180 North Michigan Avenue, Suite 1500
Chicago, IL 60601
Phone: (312) 782-4588

Consulate General of Sweden
150 North Michigan, Avenue Suite 1250
Chicago, IL 60601-7593
Phone: (312) 781-6262

Consulate General of Switzerland
737 N. Michigan Avenue, Suite 2301
Chicago, IL 60611-0561
Phone: 312-915-0061 ext. 10

Consulate General of the Arab Republic of Egypt
500 North Michigan Avenue, Suite 1900
Chicago, IL 60611
Phone: (312) 828-9162

Consulate General of the Argentine Republic
205 North Michigan Avenue, Suite 4209
Chicago, IL 60601
Phone: (312) 819-2620

Consulate General of the Czech Republic
205 N. Michigan Avenue, Suite 1680
Chicago, IL 60601
Phone: (312) 861-1037

Consulate General of the Dominican Republic
One Northfield Plaza, Suite 300
Northfield, IL 60093
Phone: (847) 441-1831

Consulate General of the Federal Republic of Germany
676 North Michigan Avenue, Suite 3200
Chicago, IL 60611
Phone: (312) 470-2063

Consulate General of the Kingdom of the Netherlands
303 East Wacker Drive, Suite 2600
Chicago, IL 60601
Phone: (312) 856-0110

Consulate General of the People's Republic of China
100 W. Erie Street
Chicago, IL 60010
Phone: (312) 803-0105

Consulate General of the Philippines
30 North Michigan Avenue, Suite 2100
Chicago, IL 60602
Phone: (312) 332-6458

Consulate General of the Republic of Croatia
737 North Michigan Avenue, Suite 1030
Chicago, IL 60611
Phone: (312) 482-9902

Consulate General of the Republic of Indonesia
211 W. Wacker Drive, 8th Floor
Chicago, IL 60606
Phone: (312) 920-1881

Consulate General of the Republic of Korea
455 N. Cityfront Plaza Drive, Suite 2700
Chicago, IL 60611
Phone: (312) 822-9485

Consulate General of the Republic of Lithuania
211 East Ontario Street, Suite 1500
Chicago, IL 60611
Phone: (312) 397-0382

Consulate General of the Republic of Poland
1530 North Lake Shore Drive
Chicago, IL 60611
Phone: (312) 337-8166

Consulate General of the Republic of Turkey
360 North Michigan Avenue, Suite 1405
Chicago, IL 60601
Phone: (312) 263-0644

Consulate General of the Republic of Venezuela
20 N. Wacker, Suite 1925
Chicago, IL 60606
Phone: (312) 236-9655

Consulate General of the United Kingdom of Great Britain and Northern Ireland
The Wrigley Building
400 North Michigan, Suite 1300
Chicago, IL 60611
Phone: (312) 970-3800

Consulate General of Ukraine
10 East Huron Street
Chicago, IL 60611
Phone: (312) 642-4388

Consulate General of Uruguay
Consul General
875 North Michigan Avenue, Suite 1422
Chicago, IL 60611
Phone: (312) 642-3430

Honorary Consul of the Republic of Hungary
8 South Michigan Avenue, Suite 2500
Chicago, IL 60603
Phone: (312) 263-3500

Honorary Consulate General of Jordan
12559 S. Holiday Drive, Unit A
Alsip, IL 60803
Phone: (708) 272-6665

Honorary Consulate General of the Grand Duchy of Luxembourg
1417 Braeburn Court
Wheeling, IL 60090-6933
Phone: (847) 520-5995

Honorary Consulate General of the Republic of Iceland
Honorary Consul General
15750 S. Harlem Avenue, Suite 28
Chicago, IL 60462
Phone: (708) 429-1126

Honorary Consulate General of the Republic of Liberia
7342 S. Bennett Avenue
Chicago, IL 60649
Phone: (773) 643-8635

Honorary Consulate General of the Republic of Panama
9048 South Commercial Avenue
Chicago, IL 60617
Phone: (773) 933-0395

Honorary Consulate of Barbados
6700 South Oglesby Avenue, Suite 1603
Chicago, IL 60649
Phone: (773) 667-5963

Honorary Consulate of Belize
1200 Howard Drive
West Chicago, IL 60185
Phone: (630) 293-0010

Honorary Consulate of Bolivia
1111 West Superior Street, Suite 309
Melrose Park, IL 60160
Phone: (708) 343-1234

Honorary Consulate of Estonia
410 North Michigan Avenue
Chicago, IL 60611
Phone: (312) 595-2527

Honorary Consulate of Finland
15 Long Common Road
Riverside, IL 60546
Phone: (708) 442-0635

Honorary Consulate of Grenada
438 W. St. James Place
Chicago, IL 60614-2750
Phone: (773) 472-2810

Honorary Consulate of Jamaica
4655 S. Dr. Martin Luther King Jr. Drive, Suite 201
Chicago, IL 60653
Phone: (773) 373-8988

Honorary Consulate of Mongolia
4701 W. Rice Street
Chicago, IL 60651
Phone: (773) 626-1430

Honorary Consulate of New Zealand
8600 West Bryn Mawr Avenue, Suite 500 North
Chicago, IL 60631-3579
Phone: (773) 714-9461

Honorary Consulate of Norway
300 S. Wacker Drive, Suite 1220
Chicago, IL 60606
Phone: (312) 899-1101

Honorary Consulate of Portugal
One Bank One Plaza, Suite IL1-0947
Chicago, IL 60670-0947
Phone: (312) 259-9408

Honorary Consulate of Sao Tome & Principe
1320 Valley Court
Libertyville, IL 60048
Phone: (847) 362-5615

Honorary Consulate of Singapore
c/o Sidley, Austin, Brown & Wood
10 S. Dearborn Street, Suite 4800
Chicago, IL 60603
Phone: (312) 853-7555

Honorary Consulate of Sri Lanka
c/o Sandler, Travis & Rosenberg P.A.
225 W. Washington Street, Suite 1550
Chicago, IL 60606
Phone: (312) 641-0000

Honorary Consulate of the Republic of Cyprus
1875 Dempster Street, Suite 555
Park Ridge, IL 60068
Phone: (847) 698-5500

Honorary Consulate of the Republic of Rwanda
666 Dundee Road, Suite 1401
Northbrook, IL 60062
Phone: (847) 205-1188

Honorary Royal Nepalese Consulate
100 West Monroe Street, Suite 500
Chicago, IL 60603
Phone: (312) 263-1250

Honorary Consulate of the Slovak Republic
34 S. Washington Street
Naperville, IL 60540
Phone: (630) 420-7597

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APPENDIX G
APPLICATION FOR SOCIAL SECURITY NUMBER

Department Procedures 351.4, Securing Benefits for Children, requires the completion of Form SS-5, Application for Social Security Card, for each child placed in substitute care who does not have a Social Security Number (SSN) or who is believed to have a Social Security Number (SSN) but the number is unknown and cannot be verified. Additionally, Federal regulations for Title XIX (Medicaid), require all recipients to have a valid SSN. When a child does not have a valid SSN, the child is ineligible for Medicaid services and the cost for medical services is paid from State funding without any Federal reimbursement.

Record Check at Case Opening

When a new child case is opened on CYCIS, a record check against the Social Security Administration's database for an existing SSN for the child will be done by the Eligibility Unit of the Federal Financial Participation Office (FFP), Division of Finance and Budget. If an existing SSN is found, the SSN is data-entered to update CYCIS. The Department's Federal Financial Participation Division then sends a CFS 1411, Eligibility I turnaround document with the child's SSN to the assigned worker to be filed in the child's case record.

When the Department's record check does not locate an existing SSN for a child in a recently opened case, the Eligibility Unit will notify the Office Coordinator in FFP. The Office Coordinator will complete a SS-5 within the next ten (10) working days. A valid SSN is a number that has been verified by the Social Security Administration as belonging to a specific individual.

Application for an Initial or Replacement Social Security Card

The FFP Office Coordinator is responsible for completing a SS-5 within ten (10) working days after case opening when the child does not have a Social Security Number (SSN). The SS-5 must also be completed for any child already in an open case who is under DCFS guardianship but for whom a SS-5 has never been completed or the child does not have a SSN.

In the event that the Social Security card for a child for whom the Department is legally responsible is lost and cannot be located, the child's worker must request the submission of an SS-5 form by immediately notifying the Children's Account Unit via e-mail on Outlook at, "CAU Mailbox". Staff without access to the D-Net may contact the CAU at CAU@Idcfs.state.il.us. Workers may also contact the CAU by phone at 217-524-6186.

1) SS-5 Form, Processing Instructions

The Social Security Administration and the Department have agreed upon specific procedures to ensure timely and proper processing of SS-5's for children for whom DCFS has legal responsibility. All SS-5 Forms are centralized and processed by the FFP Office Coordinator and the Springfield Social Security Office. When required, a SS-5 Form must be completed for each child in the case, ensuring that the latest version of the SS-5 form is used.

All requests for submission of an SS-5 Form must be forwarded to the CAU of FFP as stated. above. Caseworkers may no longer complete the SS-5 form and submit it directly to the Social Security Administration. Evidence of the child's age will be verified via a birth certificate by the Social Security Administration thru the Vital Records Unit of the Illinois Department of Public Health (for Illinois births only). If the child is born outside of Illinois, a certified copy of the birth certificate will be obtained from the appropriate state by CAU. A certified copy of the Medicaid Card is evidence of the child's identity (a specific form has been developed in cooperation with the Social Security Administration and can only be completed by an authorized agent of the Guardian Administrator).

2) Signatures on the SS-5

The Social Security Administration (SSA) staff will accept only the signature of the DCFS Guardianship Administrator or an authorized agent who signs on behalf of the Guardianship Administrator and who are included on the list of authorized agents which is provided to the Social Security Administration.

Instructions for the Completion of the SS-5 Form

The FFP Office Coordinator must complete the SS-5 form as accurately as possible, in accordance with the instructions on the SS-5 and as outlined below:

SECTION 1 - NAME TO BE SHOWN ON CARD

– Enter the name the child's legal name. The name given in item #1 is the name which will appear on the child's Social Security Card.

– Full Name at Birth - This line may be left blank if "Name at Birth" is the same as "Name to be shown on Card".

– Other Name(s) Used - Enter any other name the child uses or has used. This does not apply to a child who has been adopted. The child's adoptive name is the name to be used.

SECTION 2 - MAILING ADDRESS

– All social security cards will be mailed to 406 E. Monroe, Mail station #410, Springfield IL 62701. A copy of the card will be included in the Eligibility Unit file, and the original will be mailed by CAU to the worker assigned to the child's case. The assigned worker is responsible for getting the card to the child.

NOTE: DO NOT ABBREVIATE THE NAMES OF STREETS, CITIES OR TOWNS! Numbered streets, however, may be abbreviated; e.g., 31st or 50th.

SECTION 3 - CITIZENSHIP

– Check the appropriate box; if the child is a "Permanent Resident", check the box for "Legal Alien Allowed to Work" (Proof of status is required). Do not make any entries in the box labeled "other".

SECTION 4 - SEX

– Check the appropriate box.

SECTION 5 - RACE/ETHNIC DESCRIPTION

– This item should be completed but is NOT REQUIRED.

SECTION 6 - DATE OF BIRTH

– Enter the child's date of birth in numbers. The month, day and year should be entered in that order.

SECTION 7 - PLACE OF BIRTH

– Enter the name of the city and state where the child was born. If the birth was in Puerto Rico, enter the city or province followed by "PUERTO RICO". When the birth was in any other United States territory or possession, provide as much information as available. When the child was born in a foreign country, enter the name of the Country.

NOTE: DO NOT ABBREVIATE THE NAMES OF CITIES, STATES OR FOREIGN COUNTRIES.

SECTION 8 - MOTHER'S MAIDEN NAME

– Enter the first, middle and last name at birth of the child's biological mother unless the child has been adopted. If adopted, enter the adoptive mother's full maiden name.

NOTE: If the mother's full maiden name is not known, enter "UNKNOWN", provided that the father's full name is known. If neither the mother nor the fathers name is known, enter abandoned in this Section.

SECTION 9 - FATHER'S NAME

– Enter the first, middle and last name of the child's legal father. Do NOT enter the name of a Putative Father unless paternity has been adjudicated or acknowledged in open court; enter "UNKNOWN" or "LEGALLY OMITTED".

When there is a Single Parent (Female) Adoption, enter "UNKNOWN" in the space in Section 9 provided for the father.

SECTION 10 - PRIOR RECEIPT OF A SOCIAL SECURITY NUMBER

– Check "YES" for a child for whom a SSN is known to have been received.

Check "NO" for a child for whom no SSN has been received. Check "DON'T KNOW" for a child for whom it is believed that a previous SSN was received but no information is available regarding the alleged SSN. When the "YES" box is checked, complete the information requested in questions 11-13.

SECTION 11 - COMPLETE ONLY WHEN THE "YES" BOX WAS CHECKED IN SECTION 10

– Enter the Social Security Number previously assigned to the applicant.

SECTION 12 - COMPLETE ONLY WHEN THE "YES" BOX WAS CHECKED IN SECTION 10

– Enter the name shown on the most recent Social Security card issued for the applicant.

SECTION 13 - COMPLETE ONLY WHEN THE "YES" BOX WAS CHECKED IN SECTION 10

– Enter any different date of birth if used on an earlier application.

SECTION 14 - TODAY'S DATE

– Enter (in numbers) the month, day and year on which the SS-5 is being completed and submitted.

SECTION 15 - DAYTIME TELEPHONE NUMBER

– Enter the telephone number of the office/agency which is responsible for the child's case.

SECTION 16 - YOUR SIGNATURE

– The SS-5 must contain the signature of the DCFS Guardianship Administrator, D. Jean Ortega-Piron, or the signature of an Authorized Agent who signs on behalf of the Guardianship Administrator. (" D. Jean Ortega-Piron, Guardianship Administrator, by).

SECTION 17 - YOUR RELATIONSHIP TO PERSON IN ITEM 1 (APPLICANT)

– Place an "X" in the box for "LEGAL GUARDIAN" to indicate the DCFS relationship to the applicant.

APPENDIX H - HIV/AIDS DISEASE

Human Immunodeficiency Virus (HIV)
Acquired Immune Deficiency Syndrome (AIDS)

I. Treatment Path Stage I: Identifying HIV/AIDS

a. Primary Casework Task

Caseworkers should review client health care records and obtain information from the client, family history and caregivers to identify any HIV risk factors the client may exhibit. The caseworker should consult with the supervisor, a health care professional or the Department's AIDS Project to determine if a client that is exhibiting any of the risk factors should be referred for HIV testing.

b. What is HIV/AIDS disease?

Human Immunodeficiency Virus is the communicable blood-born disease that may also cause Acquired Immune Deficiency Syndrome. HIV damages the immune system leaving a person vulnerable to infection by viruses, fungi, bacteria, and other opportunistic diseases. An infected person may remain asymptomatic for years, but is still able to transmit the virus to others. Though there is no cure at this time, HIV is considered a manageable chronic illness.

c. How common is HIV/AIDS?

The percentage of people reaching an AIDS diagnosis has declined because of the effectiveness of combination anti-retroviral treatment available. However, the number of people with HIV disease continues to increase. Recent trends show that women, adolescents and people of color are being infected with HIV in disproportionate numbers. These statistics strongly indicate that the child welfare client population is at highest risk for contracting the HIV disease.

d. What causes HIV/AIDS?

HIV is caused by the transmission of infected blood products into the bloodstream of another individual through sexual intercourse, subcutaneous exposure or perinatal exposure from mother to infant.

e. What body fluids and activities do not cause HIV/AIDS?

Saliva, tears, perspiration, urine, feces, sputum, nasal secretions, and vomit do not contain blood products in sufficient amounts and are not likely to enter the blood stream of another person to cause transmission of HIV. Similarly, casual contact, coughing, sneezing, sharing food, shaking hands, kissing, bathing, sharing toilets and towels, donating blood and insect bites do not transmit HIV.

f. What are the risk factors for HIV/AIDS and who should be tested?

Risk factors for transmission of HIV include unprotected anal, vaginal, or oral sexual intercourse; the sharing of needles for intravenous drug use, piercing, or tattoos; and perinatal transmission from a mother with HIV disease to her infant during pregnancy and delivery or postpartum via breast-feeding. The Perinatal HIV Transmission Act now requires the offer of HIV testing to every pregnant woman.

Risk factors for testing children and youth include any history of parental drug abuse or multiple sexual partners; being a child of a parent with HIV; being a substance exposed infant or the sibling of an HIV exposed infant; a history of blood transfusions or needle use for drugs, piercing, or tattoos; any unprotected sexual intercourse, including sexual abuse or rape, sexually transmitted disease, or pregnancy; accidental exposure to blood; and presentation of any symptoms suggesting the need for HIV testing.

If a child is in a pre-adoptive home and has not been tested for HIV, the law permits the foster parent to request an HIV test for *any child* to be screened for HIV disease prior to adoption.

A child or youth having one or more of the above risk factors should be referred for HIV testing.

g. Is it possible to prevent HIV/AIDS?

Yes. Transmission of HIV is caused by behaviors that can be modified to mitigate the chance of transmission. Risk reduction strategies include abstinence; outercourse; sexual intercourse with one mutual life-time partner; intercourse with condoms; and not sharing needles for drug use and cleaning them each time. Perinatal transmission may be reduced to just 3% through early intervention with HIV+ pregnant women, medication and prenatal care with an HIV specialist.

Universal Precautions around body fluids, including blood, should be implemented with all clients, regardless of their known HIV status. The DCFS AIDS Project or other health care provider can provide training to foster parents and staff in shelters, group homes, and residential treatment programs for a better understanding about the routes of transmission and how to prevent HIV. Staff may contact the DCFS AIDS Project at 312-328-2284 or 312-328-2285 for assistance.

h. What are the symptoms of HIV/AIDS?

HIV is a multi-organ illness with a wide spectrum of clinical manifestations. The effects of HIV range from a lack of symptoms to acute illness and difficulty in

physical, developmental, psychosocial realms of life. Symptoms may be mild to severe, and periodic or chronic. Early identification is critical for the purpose of early treatment interventions.

Physical Symptoms include:

- Swollen glands, especially around the neck (lymphadenopathy)
- Frequent fevers
- Vomiting and diarrhea related to gastro-intestinal infections
- Slow weight gain, poor appetite, delayed growth
- Developmental delays
- Neurological impairments
- Skin rashes, infections or sores
- Recurrent infections of the mouth, ears, lungs, brain, liver, and other organs
- Opportunistic infections including lymphoid interstitial pneumonia (LIP), pneumocystis carinii pneumonia (PCP)
- Cancer

i. Do symptoms differ in children or adolescents?

Disease progression in infants and children may be more severe because their immune systems are not fully developed. They are more vulnerable to ordinary childhood illnesses that appear more often and seriously. Sexually active youth experience more severe sexually transmitted diseases and females may experience pelvic inflammatory disease.

II. Treatment Path Stage II: Referral

a. Primary Casework Task

Caseworkers should consult with the DCFS AIDS Project to identify the most appropriate testing site and obtain proper consents for testing.

b. What kinds of health care specialists can provide HIV testing?

Licensed health care professionals through Healthworks; Infectious Disease Clinics; Ob/Gyne Family Planning Clinics; Pediatricians and Family Practitioners; Adolescent Health Specialists; Sexually Transmitted Diseases (STD) Clinics, Public Health Clinics; Emergency Rooms; and Forensic Rape Centers can provide HIV testing.

c. Do I need a special consent for HIV testing?

No. The **CFS 415 Consent for Ordinary and Routine Medical and Dental Care** is to be used for testing children in temporary custody with the Healthworks Medical Doctor (MD) or any other health care provider. Youth 12 years of age and older *may* consent to an HIV test on their own. Parents consent to their own testing and that of the children who remain in their care and custody. The testing site should provide pre-and post-test counseling to youth and caregivers.

III. Treatment Path Stage III: Assessment and Diagnosis of HIV/AIDS

a. Primary Casework Task

Caseworkers should ensure that clients and caregivers understand the purpose and meaning of the HIV test, and protect the confidentiality of the client in accordance with Procedures 431, Section 431.90.

b. What are the HIV tests?

Different HIV tests are used and repeated for different purposes.

- ELISA and Western Blot tests screen blood samples for HIV antibodies.
- DNA PCR (polymerase chain-reaction) or viral culture tests are used for HIV exposed infants less than 18 months of age.
- Ora-sure or other new rapid tests that are approved by the FDA may be used for adolescents and adults at some sites.
- CD4 cell and viral load counts test blood for disease progression in patients who are known to have HIV.

Repeat testing is recommended for HIV exposed infants until 18 months of age because their immune system is undeveloped. Repeat testing is also recommend within six months of the last potential HIV exposure in cases such as sexual intercourse or rape.

Pre and post-test counseling by a health care provider is required by law to educate the patient or caregiver about HIV. Client-Centered Risk Reduction Counseling is provided by HIV specialists and is highly recommended to impact personal changes in behavior for both infected and non-infected patients.

c. What are the possible results of HIV testing?

In accordance with the Centers for Disease Control (CDC) Classification System for HIV Infection only a licensed physician can make an HIV diagnosis. The health care provider administering the test should also counsel the patient with the results. It is very important that the caseworker, client, and caregiver understand

the meaning of the test and the results. General HIV diagnosis definitions are as follows:

- **Uninfected** – any infant, youth or adult who tests negative for HIV antibodies since their last potential exposure to HIV.
- **HIV Exposed** – infant under 18 months of age born to a mother with HIV; an infant testing positive for HIV antibody; a newborn with a prescription for AZT or ZDV (zidovudine) administered to prevent perinatal infection.
- **HIV Indeterminate** – infant under 18 months of age testing positive for antibody, but pending definitive diagnosis.
- **HIV Seroreverted** – child over 18 months of age who was HIV exposed but is not infected.
- **HIV Infected** – an infant testing positive for a series of PCR or one viral culture under 18 months of age; a child over 18 months of age testing positive for HIV antibodies; a youth or adult testing positive for HIV antibodies.
- **Symptomatic HIV** – the stage of infection is diagnosed through a combination of CD4 and viral load counts, along with presenting symptoms.
- **AIDS** – patient with severe clinical symptoms or a CD4 cell count of less than 200/ml.

d. Who needs to know the results of an HIV test?

A person's HIV/AIDS testing and diagnosis information is confidential and protected under the Americans With Disabilities Act (ADA) and the AIDS Confidentiality Act. The information contained in these Acts has been included in Rules and Procedures 431, Confidentiality of Personal Information of Persons Served by the Department of Children and Family Services.

The individual's right to privacy must be balanced with the need to know in order to provide services. P431 provides for those who have a need to know about the HIV status of children in DCFS custody including the parent, caseworker, foster parent, relative caregiver, health care providers, prospective adoptive parent and other persons providing direct care who have a need to know in order to provide services to the child.

Directors of child care facilities such as shelters, group homes, and residential treatment centers also have a need to know, however assistance should be sought from the DCFS AIDS Project to manage the information and to ensure that policies and training are in place to protect the client from discrimination.

Information about the child's HIV status may be shared privately with the Juvenile Court in the judge's chamber or by approaching the bench. Notification to the child's school is given through the child's physician to the Illinois

Department of Public Health who will provide confidential notice to the school principal.

A mother with an HIV exposed infant or a HIV positive child perinatally infected should be counseled by her caseworker to have herself and her other children tested. The Department cannot disclose the HIV status of a parent without the parent's consent. Clients with HIV should be advised against unprotected sex to prevent transmission.

Notification should always be accompanied by education about the meaning of the HIV information and caution that the information may not be re-disclosed without proper consents.

Documentation: HIV testing may be documented in Healthworks forms or in separate sections of the record marked CONFIDENTIAL, but not in service plans or written reports to the court. HIV may be referenced as a health care issue or chronic illness in case notes. Delete HIV/AIDS information from any records released to a third party who does not have a need to know.

NOTE: Department (DCFS) and purchase of service (POS) agency staff are required to notify the DCFS AIDS Project under the Division of Clinical Services and Professional Development about all HIV exposed or infected clients for consultation on HIV testing, treatment, precautions, resources, policy and training at 312/328-2284 or 312/328-2285.

IV. Treatment Path Stage IV: Treating HIV/AIDS

a. Primary Casework Task

Caseworkers should facilitate the most effective treatment regimen available for their clients; ensure that the caregiver and youth understand the treatment; and work collaboratively with the treatment team to ensure compliance and support services.

b. Who can provide treatment?

HIV or infectious disease specialists are best trained on the most current diagnosis and treatments of HIV. An HIV specialist may consult with the general practitioner in regions of the state where no specialist is accessible to the client.

c. What kinds of treatment are available?

Pregnant women with HIV disease are advised to begin a course of anti-retroviral medication reduce their viral load and to prevent the transmission of HIV to their unborn infant. The newborn is also prescribed medication to be taken at delivery

and for the following six weeks to reduce the chance of infection. This regimen has been shown to reduce the chance of perinatal transmission to just 3%.

Treatment goals are to keep the HIV viral load low and the immune system functioning high so that the patient may fight off any infection or disease to which s/he is exposed. Prophylactic medications are prescribed to prevent disease and nutritional supplements may be added to strengthen the immune system and to promote optimal growth in children. Anti-retroviral medications work to reduce the viral load. The HIV specialist and the patient determine when to begin treatment based on symptoms, laboratory testing of disease progression and compliance issues. Any presenting symptoms of the disease are treated as diagnosed.

d. What kinds of medications are used?

A combination of medications is most often prescribed to reduce the viral load. This combination therapy is known as highly active anti-retroviral treatments (HAART). There are three classes of compounds approved by the Food and Drug Administration (FDA). These classes include nucleoside analog reverse transcriptase inhibitors (NRTIs), nonnucleoside reverse transcriptase inhibitors (NNRTIs) and the protease inhibitors (PIs). There are several choices of drugs approved in each class. Each class acts upon a different stage of viral replication in the CD4 cells to prevent an increase of the viral load.

It should be noted that Medicaid makes most of these medications readily available to our clients and wards. Core Center at the Cook County Hospital in Chicago accepts all patients, even those without Medicaid.

e. What other treatments are available?

The FDA continues to conduct clinical trials on new drugs to determine safety, efficacy and dosage for different classes of patients that include children, women and adolescents. The DCFS Institutional Research Board (IRB) reviews protocols for clinical trials and the medications may be available to wards with the specific consent of the Guardian. Alternative treatments such as massage therapy are thought to reduce the stress on the immune system.

f. What may interfere with my client receiving treatment?

Medication regimens are complex and may require that the patient take from 10 to 30 pills per day. Each class of medication is powerful and may have unpleasant side effects. These side effects may include headaches, nausea, diarrhea, rashes, peripheral neuropathy (tingling) and anemia that may be treated with additional medications until the body adjusts. Some children, adolescents and adults cannot tolerate the medications; some parents, patients, and caregivers cannot maintain

the medication schedule; and some patients refuse to take medications because they are afraid others may suspect they have AIDS. HIV specialists work with their patients and caregivers to find the best ways to manage the prescribed medication regimen.

There are a limited number of drugs available to treat HIV, and the virus can develop a resistance to drugs if they are not taken as directed. Treatment options become paramount if the patient develops a resistance to any of the drugs and becomes critically ill. For this reason, the HIV specialists will evaluate and counsel the patient and caregiver to determine if the patient will adhere to the prescribed medication regimen.

g. What psychosocial treatments are available?

The psychosocial effects of HIV include depression, anxiety, confusion, anti-social reactions precipitated by rejection or avoidance by others, self-destructive behaviors and withdrawal. Stress can adversely affect the immune system. A parent's illness, the child's separation from a parent or a change in housing can cause stress on a child. Social stigma continues to exist about HIV and may lead to feelings of guilt, shame, fear, anger, denial and isolation for affected family members and their children. Continuity of care and relationships are essential for children and youth with HIV. Emphasis should be placed on active participation in normal childhood activities and quality of life.

The infected client, the caregiver and the affected family members should all be offered support services. Children need an opportunity to ask questions about HIV and talk about how they feel. Both the patient and his family may experience symptoms of loss at each stage of diagnosis, through critical illness and death. Children may express behavioral symptoms such as withdrawal, aggression, drug or alcohol abuse, or sexual acting out. These behavioral symptoms of loss are also risky behaviors for HIV and must be addressed to prevent disease and other problems. Other dimensions of loss include anticipatory grief, survivor guilt and anniversary reactions. Support services may include:

- HIV and health education
- Risk reduction counseling
- Peer support groups
- Gay, lesbian, bi-sexual, and trans-gender services
- HIV case manager
- Public benefits
- Drug treatment & recovery support
- Respite care
- Individual psychotherapy
- Family Counseling
- Personal care assistant

- Loss support counseling

h. When should children be told of their HIV diagnosis or that of their parent?

Disclosure is a clinical decision. There is no policy that defines the age to know. Consideration should be given to what the child already knows about HIV, how he handles this kind of stress and the parent's wishes. Disclosure can make some children more anxious and fearful. Other children feel relieved to know the secret and gain a sense of control. Consult with your treatment team about this issue.

i. How do I collaborate with the HIV specialists to design treatment goals?

A multi-disciplinary approach is most effective in dealing with the impact of HIV disease. The treatment team should include the child welfare case manager and nurse; the HIV clinic team; support service providers; the caregiver or foster parent; involved family members; and the patient. Workers and caregivers are encouraged to attend clinic staffings so that they understand the care plan. In turn, invite the HIV clinic social worker to child and family meetings and include them in critical decisions such as disclosure of HIV to family members or a change in placement.

Changes stress the immune system and require a well-planned transition to educate the client and caregiver on the treatments. Any member of the team may call a multi-disciplinary staffing to resolve problems. The DCFS AIDS Project collaborates with HIV clinics and programs to discuss clients and systemic issues and may be included in clinical staffings.

V. Treatment Path Stage V: Monitoring and Reviewing

a. Primary Casework Task

Caseworkers should continue to assess the needs of the client, family, caregivers and coordinate care with the multi-disciplinary team.

b. How do I know if the treatment is working?

The HIV clinic will monitor compliance, the benefits of medication and the course of disease through regular appointments and laboratory testing. Ideally, the viral load will become undetectable and the client will not show symptoms. Psychologically, the child and family will learn to live with HIV and integrate treatment and monitoring of their disease into a normal, active lifestyle.

c. What role do I play in monitoring my client's treatment goals?

Clients need on-going support from their treatment team as they may experience new symptoms, increasing viral loads, try new medications, are diagnosed with AIDS, experience depression and neurological affects, require personal assistance, home nursing, pain management or hospice care.

Children will experience their disease differently as they become adolescents and may need new support and education around medication, disclosure, and risky behavior. Pay attention to the developmental stages of both the infected and affected children in relation to disease progression. Seek new interventions with changing behaviors.

d. How is HIV documented in client records?

HIV testing and treatment information shall be maintained in a separate section of the case record that is marked "CONFIDENTIAL." HIV information may be documented in Healthworks forms. HIV client information may not be cited in service plans. HIV may be referenced as a "health care issue" or "chronic illness" in social assessments and other documents as needed in order to provide services.

VI. Caregiver Tasks

What do foster parents and residential treatment providers need to know about HIV/AIDS?

Foster parents and residential treatment providers should have an understanding of universal precautions and infection control described in AP# 16 to reduce the transmission of any kind of infection in the residence. These include regular hand washing after toileting and diaper changing, before meal preparation, and after clean up of body fluids. Latex gloves or cloth or paper barrier protection should be used around the clean up of blood, followed by hand washing. Blood contaminated items should be washed in detergent and hot water or disposed of in a sealed container.

Foster parents and residential treatment providers should have an understanding of the risk factors for HIV and consult with their caseworker, physician, or the DCFS AIDS Project about prevention of HIV and obtaining HIV tests for youth at risk. They should also gain an understanding of the meaning of those test results. Children with positive HIV tests should be reported to the DCFS AIDS Project for linkage with specialized medial providers and to obtain consultation and training for the foster parents or residential treatment provider.

Training and consultation for foster parents and residential treatment providers should include the meaning of HIV tests, treatment protocols, precaution and prevention

methods, disclosure and confidentiality policy, psychosocial issues, and supportive resources as described in this appendix and attachments.

VII. Resources for Clients

Where can my client, caregiver or I obtain information about HIV/AIDS?

National, state and local public health departments publish many brochures about the transmission and treatment of HIV/AIDS that are simple to read. These publications can also be obtained from local community HIV program providers. The Centers for Disease Control (CDC) publishes detailed surveillance reports, diagnostic classifications and treatment guides for all populations.

DCFS AIDS Project
312-328-2284-85

National AIDS Hotline
800-342-2437
800-344-7432 (Spanish)
800-243-7889 (TTY)

Illinois Department of Public Health
217-524-5983
312-814-4846

CDC National Prevention Information Network
800-458-5231

Illinois HIV/AIDS and STD Hotline
800-243-2437

AIDS Treatment Information Services
800-448-0440

AIDS Drug Assistance Program (ADAP)
800-825-3518

AIDS Clinical Trials (ACT) Information
800-874-2572

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ATTACHMENT I
APPENDIX H – HUMAN IMMUNODEFICIENCY DISEASE HIV/AIDS

Treatment Path Stage I: Identifying HIV/AIDS

Casework & Administrative Tasks

- Identify potential risk factors.
- Obtain information from client, family history, and caregivers.
- Review health care records.
- Counsel pregnant women to get prenatal care and an HIV test.
- Consult with supervisor, DCFS AIDS Project, regional nurse, Medical Doctor (MD) or guardianship administrator about symptoms, accidental blood exposures and other questionable risk factors.

Clinical Information

HIV is a communicable blood-borne disease transmitted through sexual intercourse, subcutaneous exposure to blood, or perinatal exposure from mother to infant.

Symptoms:

- Swollen glands
- Frequent fevers
- Vomiting and diarrhea
- Skin rashes, sores, and infections
- Recurrent infections of mouth, ears, lungs, brain, and other organs
- Slow weight gain, poor appetite, delayed growth
- Developmental delays
- Opportunistic infections such as LIP and PCP pneumonias, thrush, herpes, etc.

***Indicators for HIV Testing*:**

- Symptoms of HIV
- Parent has HIV
- History of parental drug abuse
- Substance exposed infant
- Sibling of HIV exposed infant
- Newborns on AZT or ZDV medication
- Sexual abuse with penetration
- History of unprotected sex
- Pregnancy or STDs
- History of substance abuse
- History of blood transfusions
- History of needle use for drugs, piercing, tattoos
- Accidental blood exposure
- Pre-adoptive home request for any child

Treatment Path Stage II: Referral

Casework & Administrative Tasks

- Consult with supervisor, AIDS Project, or regional nurse about most appropriate testing site.
- Refer child for testing.
- Obtain Consent for Routine Medical Care for wards.
- Obtain co-consent from youth 12 and over for HIV testing.
- Protect the client's right to confidentiality about testing (Procedures 431).
- Refer parents and children of intact families at risk for HIV testing to most appropriate site.

Clinical Information

***HIV testing sites*:**

- Healthworks Clinics
- Infectious Disease Specialists
- Ob/Gyne/ Family Planning Clinics
- Pediatricians & Family Practices
- Adolescent Medicine Specialists
- STD Clinics
- Public Health Clinics

Treatment Path Stage III: Assessment

Casework & Administrative Tasks

Casework:

- Consult with AIDS Project or MD about the meaning of the HIV test and the confidentiality policy.
- Ensure that the client (or caregiver) understands the purpose and meaning of the HIV test.
- Ensure that as few people as necessary and only those who need to know have information about the HIV testing (Procedures 431).
- Obtain consent for release of information from parent about results of HIV tests for parents and children in intact families.
- Ensure follow up testing for clients as recommended by MD.

Administrative:

- Maintain documents about HIV testing in a separate section of the record and mark confidential.

Clinical Information

HIV testing may include:

- ELISA and Western Blot antibody tests
- DNA PCR or viral culture tests for HIV exposed infants under 18 months of age
- Ora-sure or new FDA approved rapid tests for adolescents and adults at some sites
- CD4 cell and viral load counts for patients known to have HIV

Repeat testing is recommended within 6 months of the last potential HIV exposure, in cases such as sexual intercourse or rape.

Pre- and post- test counseling of patient (or caregiver) by health care provider about HIV testing is required by law.

Client-centered risk reduction counseling is provided by HIV specialists and is highly recommended to impact personal changes in behavior.

Treatment Path Stage IV: Diagnosis

Casework & Administrative Tasks

Casework:

- Notify the DCFS AIDS Project of all HIV exposed or infected clients (wards and parents) for consultation on resources, treatment, policy, in-service training and assistance in client assessments and staffings at 312-328-2284-85.
- Refer client to an HIV specialist for further diagnosis and treatment.
- Inform those who may have a need to know of the child's diagnosis such as the caseworker, foster parent, physician, and birth parents (Procedures 431).
- Obtain special assistance from the AIDS Project for placements into child care facilities such as shelters, group homes, and residential treatment programs.
- Access training on HIV and universal precautions for the caregiver and caseworker.
- Request approval of specialized foster care for HIV exposed and infected children.
- Consult about HIV testing for siblings and family members at risk.
- Counsel client against unprotected sex to prevent transmission.
- Do not re-disclose parent's diagnosis without their consent.
- Responsibility for partner notification rests with the client, MD, and the Dept. of Public Health.
- Responsibility for disclosure to schools is the responsibility of the MD and Department of Public Health.

Administrative:

- Maintain documents about HIV diagnosis in a separate section of the record and mark confidential.

Clinical Information

Medical Doctor makes diagnosis according to the Centers for Disease Control (CDC) Classification System for HIV Infection.

General definitions:

- **Uninfected** Any infant, youth or adult who tests negative for HIV antibodies since their last potential exposure to HIV.
- **HIV Exposed** An infant less than 18 months of age born to a mother with HIV or infant testing positive for HIV antibody.
- **HIV Indeterminate** An infant under 18 months of age testing positive for HIV antibody, but pending definitive diagnosis.
- **HIV Seroreverted** A child over 18 months of age who was HIV exposed but is not infected.
- **HIV Infected** An infant testing positive for a series of PCR or a viral culture under 18 months; a child over 18 months of age testing positive for HIV antibodies; a youth or adult testing positive for HIV antibodies.
- **Symptomatic HIV** The stage of infection is diagnosed through a combination of CD4 and viral load counts, along with presenting symptoms.
- **AIDS** A patient with severe clinical symptoms or a CD4 cell count of less than 200/ml.

Treatment Path Stage V: Treatment

Casework & Administrative Tasks

Casework:

- Monitor treatment compliance with the HIV specialist, caregiver and/or client.
- Attend clinic staffing.
- Report changes in condition to clinic.
- Invite HIV clinic staff to child and family meetings.
- Include HIV clinic staff in critical decisions such as disclosures or change of placements.
- Obtain the specific consent of the Guardian or the AIDS Coordinator if MD recommends treatment in research protocols.
- Coordinate care with the multi-disciplinary treatment team.
- Assess need for support services.
- Make referrals for special HIV services as well as child welfare services.
- Call a multi-disciplinary staffing to resolve problems.
- Include HIV clinic in any plans for disclosure to patient, family, or others.
- Consult with DCFS AIDS Project about clinical issues and resources.

Administrative:

- Use the phrase "health care" or "chronic illness" in case documentation.

Clinical Information

Medical Interventions:

- HIV is considered a manageable chronic illness with no cure.
- The effects range from a lack of symptoms to acute illness and difficulty in all spheres of life: physical, developmental, social, and psychological.
- MD determines when to place a patient on prophylaxis and medications based on clinical testing and symptoms.
- Vaccinations for children with HIV are given in the attenuated form.
- Use Universal Precautions including latex gloves or paper/cloth barrier with blood; wash items with blood in detergent and warm water or dispose in sealed container. Wash hands after contact with any body fluid.
- Combination therapy is called HAART or Highly Active Anti-Retroviral Treatment.
- Adherence to medication regime is critical because virus may become resistance to treatment.
- Nutritional supplements will strengthen immune system.

Psychosocial Interventions

- A multidisciplinary team works best. Include child welfare case manager & nurse; the HIV clinic; support service providers; the caregiver; involved family; and the patient.
- Psychosocial effects include depression, anxiety when separated from caregiver, confusion, antisocial reactions precipitated by rejection or avoidance by others, withdrawal or non-responsiveness.

Treatment Path Stage V: Treatment Continued

- Social stigma about HIV may lead to guilt, shame, fear, anger, denial and isolation for affected family members and their children.
- Disclosure of a parent or child's HIV status to any family member is a clinical decision to be made with the client and their treatment team.
- Stress reduces immune system functioning and must be managed.

Support services may include:

- Health education
- Peer group support
- Individual therapy
- Risk reduction counseling
- Gay, lesbian, bi-sexual, and trans-gender services
- HIV case manager
- Respite care
- Family Counseling
- Personal care assistant
- Public benefits
- Drug Treatment & Recovery Support

Treatment Path Stage VI: Monitoring & Review of Treatment

Casework & Administrative Tasks

Casework:

- Maintain regular contact with treatment team to monitor patient progress.
- Continue to assess client needs.
- Consult with DCFS AIDS Project about clinical issues and resources.
- Consult with the Guardianship Administrator if MD recommends do not resuscitate (DNR) orders for wards
- Maintain contact with support service providers.
- Continue to assess family needs and refer for services as needed.
- Invite treatment team to child and family meetings for progress report.
- Encourage visitation with parents to help children resolve their feelings of loss.
- Make transitional plans for adolescents with HIV for supports and benefits in adulthood.
- Refer parents with HIV who have custody of their children for legal services to make a future custody plan in the event of a critical illness or death.

Clinical Information

Medical Interventions:

- Continuity of care and relationships lead to stable health & well-being.
- MD orders lab tests to monitor the course of disease and benefits of medication.
- Clients need on-going support with new symptoms, new meds, depression, neurological affects, pain management, personal assistance, home nursing and hospice.
- Children experience their disease differently as they become adolescents and may need new supports and education around medication, disclosure, and risky behavior.

Psychosocial Interventions:

- The parent or sibling's HIV disease affects children.
- Children need an opportunity to ask questions and talk about how they feel.
- Family may experience symptoms of loss at each stage of the diagnosis, through critical illness and death.
- Children may express behavioral symptoms such as withdrawal, aggression, drug or alcohol abuse, or sexual acting out.
- Behavioral symptoms of loss are also risky behaviors for HIV and must be addressed.
- Stages of loss include: denial, anger, bargaining, depression, and acceptance.

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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X & Z

POLICY GUIDE 2004.03

REFERRAL AND SCREENING FOR PSYCHIATRIC HOSPITALIZATION

DATE: July 22, 2004

TO: Rules and Procedures Bookholders and Child Welfare Staff

FROM: Bryan Samuels

EFFECTIVE: Immediately

I. Purpose

The purpose of this Policy Guide is to issue revised crisis and referral procedures for children and youth for whom the Department is legally responsible who may be in need of psychiatric hospitalization. This Policy Guide also describes changes in the roles of the crisis and referral line and Screening, Assessment and Support Services (SASS) agents.

II. Primary Users

The primary users of this Policy Guide are foster parents, relative caregivers, staff of the Department and purchase of service agencies (including relative care, traditional foster care, specialized foster care, and supervised independent living agencies), residential care providers and other child welfare personnel.

III. Background

The Screening, Assessment and Support Services (SASS) program was implemented to ensure that children for whom the Department is legally responsible receive a mental health examination by an independent evaluator prior to being admitted to a psychiatric institution. The role of the independent evaluator is to assess the child's need for psychiatric intervention and care and to determine if less restrictive service interventions in the community might be utilized to address the mental health needs of the child. If psychiatric hospitalization is necessary, SASS also assumes responsibility for assisting the case manager in monitoring the child's care while hospitalized and in developing and implementing post-hospitalization services.

IV. Implementation

Effective July 1, 2004, the *Children's Mental Health Act of 2003* requires that any child at risk of psychiatric hospitalization for whom public payment may be sought must be referred to the Crisis and Referral Entry Service (CARES) phone line. CARES will determine whether the crisis situation meets the clinical criteria for Screening, Assessment and Support Services (SASS) (see below) and whether public funding may be necessary.

CARES is a statewide toll-free number to which referral may be made by parents, staff of the Department and purchase of service providers, caregivers, school personnel and others who believe a child or youth is in a psychiatric crisis which may require hospitalization. **The telephone number for CARES is 1-800-345-9049, TTY 1-800-905-9645.**

CRISIS AND REFERRAL ENTRY SERVICE (CARES) PHONE LINE

a. **CARES phone line:** CARES is staffed to accept calls and make referrals 24 hours a day, 7 days a week, 365 days a year.

Once CARES receives a request, and prior to completion of the referring call, a priority screening will be conducted and a CARES determination will be made that the referral represents:

1. **A psychiatric crisis and/or the child is a danger to self or others or property:**

- An immediate referral will be made to the SASS provider serving the LAN where the child is experiencing the crisis.
- If the SASS agent serving the LAN in which the child is experiencing the crisis is different than the SASS provider serving the LAN in which the child resides, the CARES vendor shall notify the child's "home" SASS provider immediately after contacting the SASS agent who will respond to the crisis.
- If law enforcement assistance is needed at any time due to the acuity of the crisis, the CARES vendor shall either immediately link the caller to law enforcement and then notify the SASS agent or initiate a three-way call between the local law enforcement and the SASS provider if the situation escalates after the initiation of the call to the SASS agent.

2. **No psychiatric emergency and/or the child is not a danger to self/others but the family needs immediate assistance for placement stability:**

- An immediate referral will be made for community-based services through the appropriate System of Care (SOC) provider if the child is in an eligible placement (e.g., home of relative, traditional foster care, or home of parent) or if he/she has recently stepped-down from a more restrictive placement such as an institution or group home.
- CARES will initiate the referral via a three-way call between the person making the referral, the SOC provider, and the CARES worker.

3. No psychiatric emergency, the child is not a danger to self/others and the family is not in need of crisis placement stabilization services:

- The CARES worker will take all identifying information and will attempt to assist the caller in identifying the appropriate resource, including a non-emergency referral to an SOC provider.

b. CARES Disposition: When a child has been successfully referred and linked with an appropriate service provider, CARES will maintain a record of the disposition of the referral (e.g., "crisis referral to SASS", "referral for placement stabilization services to SOC", "linked with caseworker" or "information only").

SCREENING, ASSESSMENT AND SUPPORT SERVICES

The Departments of Children and Family Services, Human Services and Public Aid have contracted with a statewide network of community mental health agencies to provide Screening, Assessment and Support Services (SASS) to children and youth who may be at risk of psychiatric hospitalization.

SASS services require a referral from the Crisis and Referral Entry Service (CARES) and are provided for a 90-day period beginning with the date that the SASS agent begins an initial screening of a child in psychiatric crisis, unless the Department extends that period.

a. SASS Response: The SASS provider is required to respond to all calls/pages received from CARES within 30 minutes and to have the capacity to respond face-to-face to all requests for crisis response services within 90 minutes of receiving the referral from CARES, including a determination of when, how and where the screening will occur. The preferred location for the screening is where the crisis is occurring. The SASS disposition is required to be completed within four (4) hours of the CARES referral to the SASS provider.

b. SASS Determination to Hospitalize:

- Hospitalization will be recommended only when community resources are not available or appropriate.
- If a determination is made to hospitalize, the SASS provider will assist and facilitate a child's admission to a psychiatric hospital,

- The SASS provider shall work with the parent/guardian/caregiver to select the most appropriate hospital for a child.
- No child under the age of 18 shall be admitted to an adult psychiatric unit.

V. Questions

Questions regarding this policy guide should be directed to Jane Hastings 312-814-6805.

VI. Filing Instructions

This Policy Guide replaces Policy Guide 2003.08. Please remove Policy Guide 2003.08 from behind Procedures 327, Guardianship Services and replace with this new policy guide.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X, Z, C-3

POLICY GUIDE 96.5

DATE: March 15,1996

TO: Rules and Procedures Book holders, Child Welfare Services Staff

FROM: Jess McDonald, Director

RE: **STATEWIDE PSYCHIATRIC HOSPITALIZATIONS AND DISCHARGE PLANNING**

I. PURPOSE

The purpose of this Policy Guide is to formalize instructions to staff in the monitoring of and discharge planning for DCFS wards in inpatient psychiatric facilities that went into effect March 1, 1996. The goal of this Policy Guide is to provide coordination and planning among inpatient psychiatric facilities staff, SASS workers, and the DCFS or private agency caseworker throughout the process of the admission, treatment, and discharge of children for whom the Department is legally responsible.

Every child admitted to a psychiatric hospital should remain only long enough for staff to stabilize the child, diagnose the condition, and develop a discharge, linkage, and after care plan. A psychiatric hospitalization beyond the recommended discharge date contradicts the child's best interests.

II. PRIMARY USERS

The primary users of this Policy Guide are DCFS and private agency child welfare staff.

III. POLICY

Effective March 1, 1996, the Department of Children and Family Services (DCFS) implemented a number of significant changes regarding the monitoring and discharge planning of DCFS wards in inpatient psychiatric facilities. These changes apply to all DCFS wards throughout the state, whether served by DCFS or purchase of service (POS) agency staff. Strict adherence to the time lines outlined in this Policy Guide is mandatory for all DCFS and POS agency staff.

GOAL OF THIS POLICY GUIDE:

To provide coordination and planning among inpatient psychiatric facilities staff, SASS workers, and the (DCFS or POS) caseworker throughout the process of DCFS wards' psychiatric hospital admission, treatment, and discharge.

BASIC PREMISES REGARDING PSYCHIATRIC HOSPITALIZATION

1. *A psychiatric hospitalization is not a placement.*
2. *A psychiatric hospitalization is intended to stabilize and diagnose a child.*
3. *Discharge planning is to begin from the moment of admission.*
4. *Discharge planning is the joint responsibility of DCFS, POS, SASS and the hospital.*
5. *A statewide centralized Consent, notification, and tracking system, working in conjunction with the field and operations staff, is essential to assure timely planning and discharge placement.*

TRACKING PLAN:

In order to assure a coordinated system of consent, notification, tracking, and timely appropriate post-hospital placement of our psychiatrically-hospitalized wards, the Department implemented a number of statewide changes effective March 1,1996. Key components of the statewide, coordinated system include:

1. A SASS evaluation **must be completed** for all DCFS clients prior to admission in a psychiatric hospital. *Note: if a child is placed in a psychiatric hospital under emergency conditions without a SASS evaluation, one **must be completed** within 24 hours of admission. No exceptions will be allowed. This step has not changed from previous requirements.*

2. The admitting hospital must seek consent prior to admission. Consent for admission will be provided ONLY by the DCFS Consent Unit and the Cook County Emergency Reception Center (ERC) staff.

    a. The Consent Unit, which will provide consents for psychiatric hospitalizations throughout the state, can be reached between 8:30 a.m. and 5:00 p.m., Monday through Friday.

    The statewide Consent Unit phone number is: **1-800-828-2179.**
    The statewide Consent Unit FAX number is: **1-312-814-4128.**

b. ERC may be reached at all other times: **1-312-989-3450.**

(Note: Cook County ERC staff will provide consents for psychiatric hospitalizations statewide after regular business hours, weekends, and holidays.)

3. The Consent Unit will be responsible for notification and tracking of all psychiatrically- hospitalized wards:

   a. The Consent Unit will immediately notify DCFS Regional Administrators, program managers, clinical managers, assigned field service managers, or the POS agency of the child' s admission to the hospital via PROFS or FAX.

   b. Within 24 hours after receipt of the PROFS or FAX, the DCFS program manager or POS agency staff will notify the Consent Unit via PROFS or FAX that the assigned supervisor and caseworker are aware of the hospital admission and that the caseworker or supervisor will personally attend the 72-hour staffing. (see attached format)

   c. Within 24 hours after the 72-hour staffing, the DCFS program manager or POS agency staff member will provide the Consent Unit with the following information via PROFS or FAX (see attached format):

      (i) confirmation of the caseworker's and SASS worker's attendance at 72 -hour hospital staffing (caseworkers may participate via telephone);
      (ii) a summary of SASS activity with the prior caregiver/facility and assessment of its viability as a post-discharge resource for the child;
      (iii) a summary of the hospital treatment plan as well the discharge, linkage, and aftercare plan;
      (iv) anticipated discharge date;
      (v) date of next staffing.

   d. Every 72 hours throughout the child's hospitalization, the DCFS program manager or POS agency staff will provide an activity report to Consent Unit via PROFS or FAX (see attached format).

   e. If a critical event (including discharge or scheduled clinical staffing) or unusual incident occurs in the interval of the 72-hour reporting cycle, the DCFS program manager or POS agency staff will immediately notify the Consent Unit via PROFS or FAX.

4. SASS and assigned DCFS or POS agency caseworker will attend ALL hospital staffings

5. The assigned DCFS caseworker will request an emergency clinical staffing for EVERY child who is considered "hard to place"; this staffing must occur within 24 hours of ANY determination of potential placement difficulties. On such cases, pas agency workers will consult with clinical consultants and resource staff of their respective agency.

6. The assigned DCFS or POS caseworker will request an appropriate clinical staffing for EVERY child for whom return to the pre-hospitalization placement is not an option; this staffing will be requested no later than five days after such a determination.
Note: DCFS must approve all residential placements, even of wards in pas agency care. The method by which DCFS approves residential placements is the Regional Placement Review Team (PRT).

7. The DCFS program manager will immediately notify the Consent Unit, their respective Regional Administrator, the Deputy Director for Operations, and the Director's Office of any POS agency staff or residential facility that (a) refuses to accept a child back after discharge from a psychiatric hospital or (b) refuses to attend and participate in discharge planning for the child.

8. In the case of a child or youth who was not a ward at the time of the initial hospitalization, the Child Protection Investigator shall not assume protective custody until the case is discussed and approved by the Child Protective Services Manager. The Investigator should work in collaboration with the hospital social worker to assist the biological parents and offer support and/or community-based services prior to the consideration of protective services.

   If protective custody is taken of a child or youth who was not previously in DCFS custody, the Protective Services Manager will notify the Director's Office.

The assigned caseworker (DCFS or POS) and their respective administrative and support staff are responsible for assuring timely and appropriate post- hospitalization placements for all DCFS clients. The purpose of the above outlined tracking system is to ensure this effort Please call the Office of the DCFS Guardianship Administrator at* (312) 814-8644 *with any questions, comments, or concerns.

IV. Summary of Responsibilities Provided

Attached to this Policy Guide are summary sheets which outline the responsibility of hospitals and SASS agencies in the psychiatric hospitalization of a DCFS ward. Hospitals and SASS agencies will be notified of these requirements.

V. Filing Instructions

File this Policy Guide immediately after yellow page Procedures 327, Guardianship Services.

RESPONSIBILITIES OF SASS AGENCIES

Note: The Department has maintained all previous SASS requirements. As such, these previous requirements are required and will be enforced. In addition, the Department has modified a few requirements, of which the most substantive [modification] is Number 5, which requires SASS providers statewide to immediately notify the Consent Unit each time a DCFS client is admitted to an inpatient psychiatric facility.

1. Conduct SASS pre-admission screening at the child's current living arrangement. Note: For children in imminent risk of danger of self or others, screening may occur at hospital emergency room or at a DMHDD safe site.

2. SASS crisis intervention and/or placement stabilization services should be provided when appropriate to deflect children from inpatient psychiatric admission (e.g., respite options should be explored).

3. Evaluate the pre-admission living arrangement to assess the caregiver's willingness and capacity to provide for the special needs of the client upon discharge. SASS will communicate the assessment and recommendations to the assigned caseworker (DCFS or POS) and to other professionals at the 72-hour staffing, or any staffing thereafter. SASS agencies will offer mental health services to support post-discharge functioning.

4. SASS agency staff will offer support services pre-admission caregivers in order to facilitate participation in developing an appropriate individual service plan. SASS agency staff will support and facilitate caregiver involvement and participation in all hospital staffing. SASS agency staff will support and facilitate caregiver visitation of DCFS client while (s)he is hospitalized.

5. Cook County SASS providers must notify the SASS hotline EACH time a DCFS client is admitted to an inpatient psychiatric facility. **ALL** SASS providers statewide will immediately notify the DCFS Consent Unit (or ERC after regular business hours) EACH time a DCFS client is admitted to an inpatient psychiatric facility.

6. SASS agency staff contact assigned caseworker (DCFS or POS) to discuss activities with the pre-admission caregiver and to coordinate other activities.

7. SASS agency staff will participate in ALL formal treatment and discharge planning staffings, including the initial 72-hour hospital staffing. At the 72-hour staffing, SASS agency workers will report the viability of the pre-admission living arrangements as post-discharge placement.

RESPONSIBILITIES OF SASS AGENCIES (continued)

8. In collaboration with the assigned caseworker (DCFS or POS), SASS agency staff will continue to visit the client during the course of psychiatric hospitalizations.

9. In collaboration with the assigned caseworker (DCFS or POS), SASS agency staff will be responsible for the early identification of children for whom the pre-admission living arrangement is not a viable post-discharge placement.

10. In collaboration with the assigned caseworker (DCFS or POS), SASS agency staff will prepare the post-hospitalization placement for the arrival of the DCFS client.

11. In collaboration with the assigned caseworker (DCFS or POS). SASS agency staff will provide post-hospitalization services for up to ninety (90) days for children discharged to community-based settings. In addition, SASS agencies may provide services for children discharged to residential treatment settings for a limited transitional period

RESPONSIBILITIES OF HOSPITALS

Note: The first three enumerated responsibilities are current policies in place. As such, they are required of hospitals and will be enforced by the Department. Although hospitals have been asked to conduct the last three responsibilities, the Department and hospitals are currently discussing the most appropriate method(s) by which they will occur. Discussions will be completed by the end of March. Once discussions have ended, formal agreements will be signed.

1. The hospital will not admit any DCFS clients without a SASS assessment AND consent from the Consent Unit or the Emergency Reception Center. SASS may be contracted at 1-800-345-9049. The Consent Unit may be contacted via phone at 1-800-828-2179 or via FAX at 1-312-814-4128

2. The hospital will also provide daily reports for new admissions to DCFS Consent Unit and weekly reports on anticipated discharge dates via fax. (See the attached sample format)

3. The hospital will provide the DCFS or private agency caseworker with written clinical information necessary to facilitate the DCFS client's appropriate placement.

4. The hospital will designate blocks of time during regular business hours so that staffings may be scheduled for treatment and discharge planning activities (e.g., every Thursday afternoon from 2:00 p.m. to 5:00 p.m.).

5. The hospital will schedule a daytime clinical staffing 72 hours after admission and on a regularly scheduled basis thereafter. Appropriate clinical staff will attend these staffings. The date, time, and location of the 72-hour staffing will be included as pat of the information faxed to DCFS Consent Unit (as outlined in #2 above).

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Date:

To: Dana Corman, Guardianship Administrator
Department of Children and Family Services
FAX: 1-312-814-4128

From: Psychiatric Hospital

Re: New admissions of DCFS Wards

The following DCFS ward was admitted our psychiatric Unit during the past twenty four (24) hours.

Name: _____ Birth date: _____

Date of admission: _____ Time of admission: _____

Reason(s) for admission: _____

_____

Hospitalization approved by SASS? _____ Yes _____ No

SASS worker _____ SASS agency _____

Consent for admission given by: _____

Caseworker: DCFS _____ Region/Field/Site _____

POS _____ Agency _____

Doctor: _____ Phone number: _____

Hospital Social Worker: _____ Phone number: _____

72-hour Staffing:
Date: _____

Time: _____

Place: _____

Anticipated discharge date: _____

Comments:

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Date:

To: Dana Corman
Guardianship Administrator
FAX: 1-312-814-4128
PROFS: CFS9H78

From: Program Manager/POS worker
Phone
FAX
PROFS

Re: Child's Name

The above named child was admitted to _____ Hospital

on_____.

The worker assigned to this case is _____

Telephone # (_____)_____

FAX# _____

The 72-hour staffing will occur on _____

_____ will attend the staffing.

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Date:

To: Dana L. Corman
Guardianship Administrator
FAX: 1-312-814-4128
PROFS: CFS9H78

From: Program Manager
Phone:
FAX
PROFS

Re: Child's Name
Report following 72-hour staffing

Worker: _____ Phone: _____

Supervisor: _____ Phone: _____

Hospital: _____

Date of admission: _____ Anticipated discharge date: _____

Prior Placement: _____

Not DCFS Ward? _____ DCFS Ward _____ FHB ___ HMP ___ IGH _____

Staffings::

Date of 72-Hour Staffing: _____ Was DCFS/POS Present?___Yes____No ___Unknown

Date of Next Staffing: _____

Treatment Plan:

Diagnosis: _____

Medications: _____

Visitation: _____

Discharge Planning: (Activities, viability of and supports needed to maintain the prior placement, activities to secure supports, etc.)

Alternative Placement Needs:

Has case been presented to PRT? _____ _____ _____ If no, scheduled date: _____
Yes No Not needed

Other Activities:

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Date:

To: Dana L. Corman
Guardianship Administrator
FAX: 1-312-814-4128
PROFS: CFS9H78

From: Program Manager
Phone:
FAX
PROFS

Re: Child's Name
Report following 72-hour staffing

Worker: _____ Phone: _____

Supervisor: _____ Phone: _____

Hospital: _____

Date of admission: _____ Anticipated discharge date: _____

Staffing Date:: _____ Did worker attend? _____

Visitation (has client been seen?) _____ DCFS /POS _____ SASS _____ CAREGIVER

Diagnosis: _____

Medications: _____

Discharge Plan:

Previous Placement: _____ Yes _____ No*

*If IGH, have Director's &Deputy's offices been notified? _____ Yes _____ No

Alternative Planning:

PRT conducted? _____ Yes _____ No

If yes, results: _____

_____

If no, scheduled date of PRT _____

Other Activities: (Court, calls with hospitals, SASS activities)

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